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Worcestershire County Council

ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

OF HEALTH

for

THE YEAR 1956

66751





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WORCESTERSHIRE COUNTY COUNCIL

Annual Report of the County Medical Officer of Health for
the Year 1956

Mr. Chairman, Ladies and Gentlemen,

This is the Sixty-Eighth Annual Report on the health of the county and it shows that the year 1956 has been one in which there has been a continued consolidation of the many changes established after the introduction of the National Health Service Act.

The statistical tables in the appendices compare satisfactorily with those of last year and the comparable national figures were briefly as follows:-

	<u>Worcestershire</u>	<u>England and Wales</u>
Birth Rates	15.3	15.7
Death Rates	10.6	11.7
Infant Mortality Rates	21.0	23.8

With these figures in mind it is interesting to remember that the School Health Service has now been in operation for 50 years and there can be no possible doubt that it has exerted a profound influence on the health and well being of the greater proportion of our present population.

From my own experience, I can well remember the times when families were in need of food and clothing and only in very exceptional circumstances were they able to afford medical treatment. Now all this has changed completely, and one wonders if the very impetus of this move for the betterment and care of the children has not carried us to a point where we ought to take stock and re-assess the needs and wants of children and teenagers of today.

Whilst the Ministry of Health are pressing to encourage expectant mothers to have their babies at home, the demand for hospital accommodation for their confinements continues to remain at a high level, and in my opinion the demand will persist. This has resulted in a shortage of hospital beds for maternity cases, and the proportions available to the County Council for the admission of social cases and the ordinary bookings for women having their first baby have had to be scaled down, with the result that there has been much disappointment and dissatisfaction, both by the expectant mothers and by their family doctors. If this demand continues, more hospital beds for maternity cases will have to be made available, though in the present shortage of nursing and domestic staff only maternity units of such size that they are economical should be expanded or set up - the day of the 12 - 15 bedded unit has gone.

There is a shortage of trained midwives and the domiciliary maternity services for which the County Council is responsible have also suffered from this shortage of trained staff.

Also there is an acute, and what would appear to be a permanent shortage of trained nurses for the home nursing service. The County Council is doing everything it can to attract nurses, including the provision of newly erected houses specially designed, and the provision of cars for all district nurses, but because of the national shortage most counties, except those districts adjacent to London, are experiencing grave difficulties in maintaining the home nursing services. It must be appreciated that there is acute pressure on the nurses remaining, not only because of staff shortage but due to an increase in the nursing tasks allocated to them, particularly in the care of old people who wish to remain in their own homes, and patients who are discharged from hospital early in order to free more hospital beds for acute medical and surgical cases. This is a serious problem, and of course tends to become more pressing in rural areas where, because of the distances involved in visiting patients, much more time per case is taken than in an urban area.

The county welfare services continue to meet the ever growing needs of the ageing population and Mr. McDonald, the County Welfare Officer, after consultation with the medical superintendents of the mental hospitals in the county, has arranged for suitable cases to be allowed into county homes, and the hospital almoners have made similar arrangements for suitable patients to return to their own homes, thus relieving in a small way the intense shortage of accommodation in these hospitals.

The position with regard to dental health and the shortage of dental surgeons continues to remain unsatisfactory.

It is pleasing to know that owing to the advances made in the treatment of tuberculosis, both in hospital and at home, it is no longer necessary to maintain a waiting list for the tuberculosis cases. This is perhaps the first time during my public health career, extending over 30 years, that I have worked in a health department where it has not been necessary to keep a list of tuberculosis patients awaiting admission to a sanatorium.

Work goes ahead on the schemes for the provision of piped water supplies to those rural areas which are still awaiting this necessary modern amenity, and the schemes for the provision of sewerage facilities are now rapidly following in those districts where water supplies have been made available. It should be noted that whilst the provision of rural water supplies becomes more costly as the scattered rural areas are dealt with, so the cost is much more heavy for the provision of sewage disposal.

Whilst the present anxiety amongst the population regarding protection against poliomyelitis exists, it must not be forgotten that smallpox, diphtheria and whooping cough, each on their own are severe and more deadly and result in equally serious complications. Facilities for parents to have their children protected against these diseases have been available for many years and the protection, free of charge, given against these diseases has stood the test of time. Parents should not neglect to ensure that their own children have been protected against these serious diseases and should use their best endeavours to persuade other parents to have their children protected. There is little excuse today for any parent whose child dies from diphtheria or smallpox - it should not and need not have happened.

It will be noted that this Report is stencilled as an experiment in an endeavour to save the cost of printing and of necessity some of the detailed matter has been omitted. A more extensive report by Dr. Thompson, the Senior Medical Officer for Maternity and Child Welfare, is available on request to anyone who would wish to have further details.

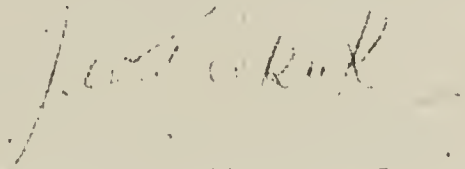
At the time of writing this report we have been paying our respects and farewells to Miss Meadway Russell, the Superintendent of District Nurses, on her retirement after 20 years service. There is no doubt that the success of the great changeover with the introduction of the National Health Service Act in 1948, which resulted in the County Council absorbing and co-operating with 102 voluntary district nursing associations, was due to Miss Russell's intimate knowledge and close understanding with the voluntary officers and workers of the district nursing associations. I hope she will enjoy many happy years of retirement which she has so richly deserved.

The staff, both professional and clerical, continue to be overworked and were it not for their loyalty and co-operation it would not be possible to maintain the service at its present high level. I am indebted to them for their continued assistance.

I am grateful to the many voluntary associations throughout the county which are now so intimately and essentially part of the county health service and which maintain that high standard of service which has become associated traditionally with these voluntary workers.

In conclusion I should like to record my thanks to Ald. H. Parkes, J.P., the Chairman of the Health Committee, and the Chairmen and Members of the various Committees for their continued advice and support.

Your obedient servant,



County Medical Officer and
Principal School Medical Officer,

Health Department,
County Buildings,
Worcester.

September 1957

Mr. D. G. Dymott
Mr. H. Eccles
Dr. C. Hicks
Mr. W. F. Kimberley
Mrs. D. L. Lawrence
Mr. W. Parkes

Mr. E. A. Treadgold
Mr. H. J. Tooby
Miss M. E. Vernon
Mrs. E. D. Walker
Mr. J. H. Wooldridge

The Chairman of the County Council	}	ex-officio
The Vice-Chairman of the County Council		
The Chairman of the Health Committee		
The Vice-Chairman of the Health Committee		
The Chairman of the County Finance Committee		

Co-opted Members.

T. S. Bennett, Esq.
W. Scott, Esq., Divisional Veterinary Officer, Ministry of Agriculture and Fisheries
Miss D. S. Tomkinson
Dr. R. J. Henderson, Director of the Public Health Laboratory, Worcester Royal Infirmary.
Mrs. E. R. Chadwick.

MILK MINOR SUB-COMMITTEE
Mr. H. Parkes (Chairman)

Mr. R. R. Adam	Mr. D. G. Dymott
Mr. T. S. Bennett	Col. W. R. Prescott
Major D. Blore	

AMBULANCE, PREVENTION AND AFTER-CARE SUB-COMMITTEE
Mr. E.J. Broughton (Chairman)

Mr. H. Eccles	Brig. J. Scott
Mr. J. G. Parker	Mr. G. A. Southall
Mr. W. Perrins	Mrs. E. D. Walker
Mr. A. Poole	Mr. J. H. Wooldridge
Mrs. H. C. M. Porter	

The Chairman of the County Council	}	ex-officio
The Vice-Chairman of the County Council		
The Chairman of the Health Committee		
The Vice-Chairman of the Health Committee		
The Chairman of the County Finance Committee		

Co-opted members.

Miss A. E. Dingley
Lt. Col. D. A. Davison, O. B. E.,
Dr. R. S. MacArthur or Dr. W. K. Earle
The Chairman of the South Worcestershire After-Care Committee
Mrs. F. Pratt
Mr. H. J. Paramore
Mrs. E. R. Chadwick

FINANCE AND GENERAL PURPOSES SUB-COMMITTEE
Mr. H. Parkes (Chairman)

The Chairman of the County Council
The Vice-Chairman of the County Council
The Chairman of the Finance Committee
The Chairman of the Health Committee
The Vice-Chairman of the Health Committee

The Chairmen of the following Sub-Committees:-

- Public Health
- Maternity and Child Welfare
- Ambulance, Prevention and After-Care
- Mental Health
- Welfare

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

Mrs. H. C. M. Porter (Chairman)

Mrs. R. G. Addenbrooke
Mr. D. G. Dymott
Mrs. E. M. J. Gunn
Dr. C. A. Mather
Mrs. M. B. Matty
Miss E. M. Newth

Mr. J. G. Parker
Mr. W. Perrins
Miss M. E. Vernon
Mr. J. H. Wooldridge

The Chairman of the County Council	}	ex-officio
The Vice-Chairman of the County Council		
The Chairman of the Health Committee		
The Vice-Chairman of the Health Committee		
The Chairman of the County Finance Committee		

Co-opted Members.

Dr. R. S. MacArthur
Mrs. F. I. Lane
Miss F. E. Bailey

Dr. W. K. Earle
Mrs. J. C. Wilson
Miss H. M. Pollard

Miss T. M. Ashwin

MENTAL HEALTH SUB-COMMITTEE
Mr. J. W. Bright (Chairman)

Mr. H. Eccles
Mrs. J. F. Goode
Mrs. E. M. J. Gunn
Dr. C. Hicks
Mrs. D. L. Lawrence
Mrs. M. B. Matty

Mrs. H. C. M. Porter
Mr. G. A. Southall
Mr. H. J. Tooby
Mr. E. A. Treadgold
Mr. J. H. Wooldridge

The Chairman of the County Council	}	ex-officio
The Vice-Chairman of the County Council		
The Chairman of the Health Committee		
The Vice-Chairman of the Health Committee		
The Chairman of the County Finance Committee		

Co-opted Members:

Miss D. S. Tomkinson
Mrs. T. H. Charles
The Rev. W. E. Warner

Dr. R. S. MacArthur
Dr. W. K. Earle
Mrs. F. Pratt

Mrs. A. E. K. Kent

WELFARE SUB-COMMITTEE
Mr. J. G. Parker (Chairman)

Mrs. R. G. Addenbrooke
Major D. Blore
Mr. E. J. Broughton
Mr. H. Eccles
Mr. G. E. Gregg
Mrs. E. M. J. Gunn
Mr. W. Hayes

Dr. C. A. Mather
Mrs. M. B. Matty
Mrs. H. C. M. Porter
Brig. J. Scott
Miss M. E. Vernon
Mr. J. H. Wooldridge

The Chairman of the County Council	}	ex-officio
The Vice-Chairman of the County Council		
The Chairman of the Health Committee		
The Vice-Chairman of the Health Committee		
The Chairman of the County Finance Committee		

Co-opted Members.

Miss H. M. Pollard
Mrs. G. Pagett
Lt.-Col. O. W. D. Smith

Miss E. M. Newth
Mrs. J. A. Smallwood
Miss D. S. Tonkinson

The Chairman of the Visiting Committees to the Old Peoples Homes.

Heathlands	-	-	Mr. P. G. Feek
Blakebrook and Holmwood	-	-	Mr. J. G. Parker
Laburnum House	-	-	Mrs. R. E. Hetherington
The Heriotts	-	-	Mrs. R. G. Addenbrooke
Malvernbury and The Howsells	-	-	Miss A. I. L. Harrison
Swinford Old Hall			Mr. E. J. Broughton

STAFF (as at 31st December 1956)

The following are the Chief Administrative Officers:-

County Medical Officer of Health and School Medical Officer

J. W. Pickup, M.D., Ch.B., D.P.H.

Deputy County Medical Officer of Health and School Medical Officer

T. McLaren Galloway, M.B., Ch.B., M.R.C.P., D.P.H.

Senior Administrative Medical Officer, Maternal and Child Welfare

B. Mary Thompson, M.D., B.S., D.P.H.

Divisional Area Medical Officers

Kidderminster

C. Starkie, M.D., Ch.B., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

Oldbury

H. Tabbush, M.B., B.Ch., D.P.H.

Chief Tuberculosis Officer

R.B. Mayfield, M.D., D.P.H.

Chief Dental Officer

B. D. Britten, L.D.S.

County Welfare Officer

R. A. McDonald

County Sanitary Officer

R.W. T. Owen, M.R.S.I., M.Inst.S.P.

Lay Administrative Officer

G. P. Cooper

County Ambulance Officer

G. L. Pitt

Mental Health Administrative Officer

W. Phillips

Superintendent Health Visitor

Miss A. Kean, S.R.N., S.C.M., H.V.Cert.

Superintendent of District Nurses

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

Non-Medical Supervisor of Midwives

Mrs. E. M. Davis, S.R.N., S.C.M.

Health Education Organiser

Miss J. K. Pettit, S.R.N., R.F.N., H.V.

Major Staff Changes

Medical Officers

Dr. J. J. Murray, Assistant County Medical Officer and Medical Officer of Health, Evesham Borough and Evesham and Pershore Rural Districts, died on the 8th October 1956.

Dr. D. M. Blomfield was appointed Deputy Divisional Medical Officer of Health, Oldbury, and Deputy Medical Officer of Health, Oldbury, as from the 1st August 1956.

STATISTICS

Area in acres	...	...	...	438,221	
			MALES	FEMALES	TOTAL
Population, Census 1931	...		147,816	160,971	308,787
" " 1951	...		195,431	205,307	400,738
Registrar-General's estimate of resident population, mid 1956	...	...			417,800
Rateable value 1955-56	...		...		£2,247,906
Sum represented by a penny rate, 1955-56			...		£8,908
			MALES	FEMALES	TOTAL
Live Births - Legitimate	...		3,116	3,041	6,157
- Illegitimate	...		120	98	218
Birth-rate per 1,000 of estimated resident population					15.3
			MALES	FEMALES	TOTAL
Still-births	...	...	67	74	141
Rate per 1,000 total (live and still) births					23.2
Deaths	...	...	2,218	2,216	4,434
Death-rate per 1,000 of estimated resident population					10.6
Deaths due to or associated with Pregnancy and Childbirth					2
Rate per 1,000 live births	...				0.31
Rate per 1,000 total (live and still)births					0.30
Infant Mortality (Infants under one year of age)					131
All Infants per 1,000 live births					21
Legitimate Infants per 1,000 legitimate live births					20
Illegitimate Infants per 1,000 illegitimate live births					28
Deaths from Measles (all ages)					Nil
Deaths from Whooping Cough (all ages)					1
Deaths from Gastritis, Enteritis and Diarrhoea (under 1 year of age)					1
Deaths from Cancer (all ages)					755

TABLE I

URBAN DISTRICTS	Area in Acres	POPUL- ATION		Live Birth Rate per 1000 esti- mated popu- lation	Total No. of Live Births	Illegitimate Births	Total No. of Stillbirths	Illegitimate Stillbirths	Death Rate per 1000 esti- mated popu- lation	(a) No. of Deaths Registered	Infant Mort- ality Rate i.e. infants under 1 year per 1,000 Births regis- tered	Deaths under 1 year		Deaths under 4 weeks		Causes of Death during Year 1956(b)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		Cen- sus 1951	Esti- mated for Birth and Death Rates 1956									Total	Illegitimate	Rate per 1000 births	Total	Illegitimate	Respiratory Tubercul- osis	Other Tuberculosis	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Cancer, Malignant Disease	Leukaemia and Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth and Abortion	Congenital Mal- formations	Other Defined and Ill-Defined Diseases	Motor Vehicles Accidents	All other Accidents	Suicide	Homicide and Operations of War																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Bewdley Borough	3681	4914	4880	17.0	83	8	-	-	12.7	62	48	4	2	36	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	11	-	-	6	21	4	-	-	5	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

ENGLAND AND WALES

Birth Rate	15.7 per 1,000
Death Rate	11.7 " "
Infant Mortality Rate	23.8 " "
Still Birth Rate	23.0 " "
Maternal Mortality (Total) Rate	0.46 exc. Abortion
Neo Natal Mortality Rate	16.9

TABLE II
Notifications and Deaths from certain causes

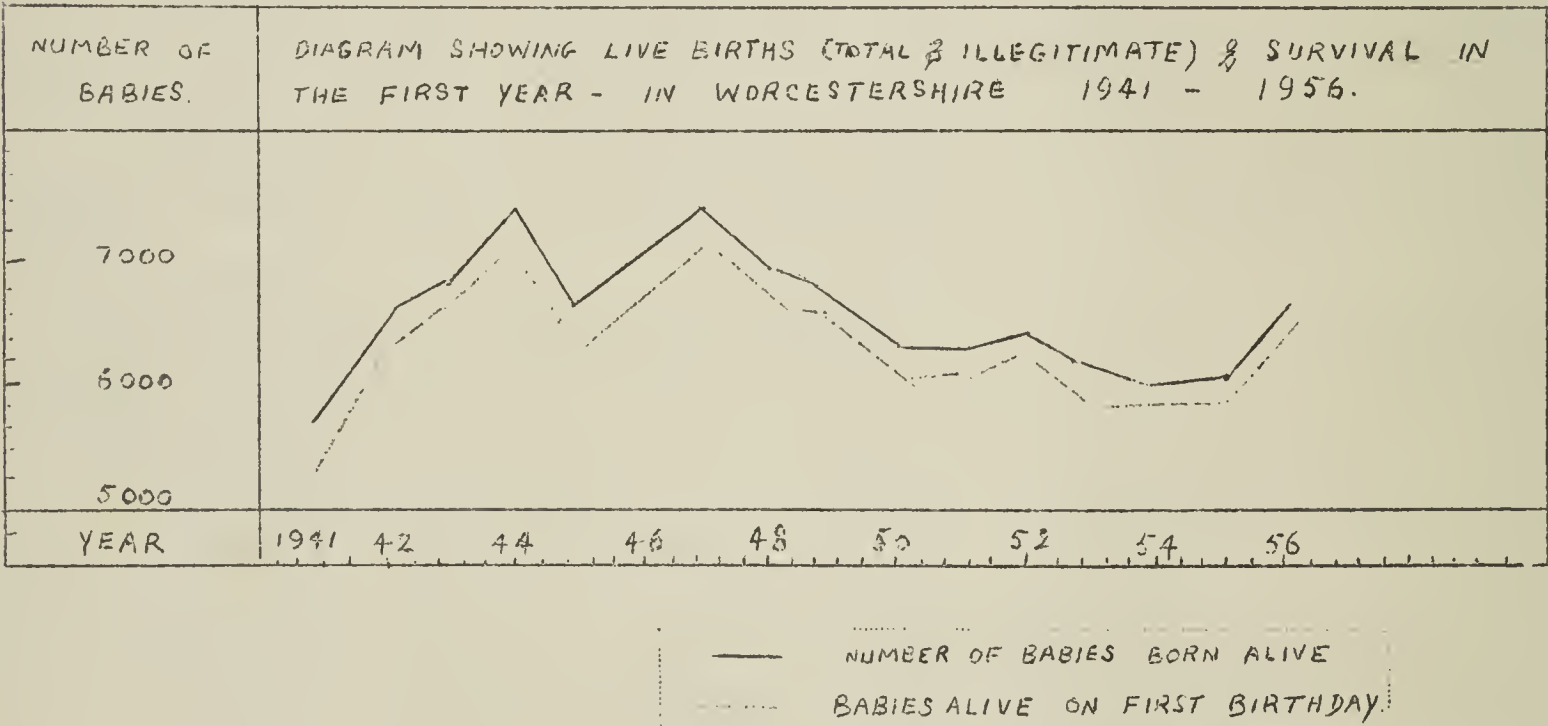
District	Urban	Menin- gococ- cal Infec- tion		Scar- let Fever		Diph- theria and Membran- eous Group		Para- typh- oid Fever		Puer- peral Pyrex- ia		Pul- mon- ary T.B.		Non- Pul- mon- ary T.B.		Oph- thal- mia Neona- torum		Acute Polio- myel- itis		Pneu- monia		Acute Ence- phalit- is		Mea- sles		Whoop- ing Cough		Dy- sent- ery		Food Poison- ing		Ery- sipel- as					
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths				
Bewdley Borough	-	-	8	-	-	-	-	-	2	-	14	2	2	4	3	-	1	-	7	21	-	-	-	4	-	18	-	-	24	-	3	-	1	-			
Bromsgrove	-	-	26	-	-	-	-	-	-	-	-	-	10	7	-	-	-	9	6	-	-	-	4	-	71	-	-	1	-	-	-	-	-				
Droitwich Borough	-	-	-	-	-	-	-	-	-	-	-	-	3	5	-	-	-	8	5	-	-	-	3	-	6	-	-	1	-	-	-	-	-				
Evesham Borough	-	-	-	-	-	-	-	-	-	-	-	-	3	1	-	-	-	4	13	-	-	-	4	-	11	-	-	29	-	2	-	5	-				
Halesowen Borough	1	-	32	-	-	-	-	-	-	-	-	-	22	1	1	1	1	19	20	14	18	-	-	47	-	-	9	-	7	-	3	-					
Kidderminster Boro.	1	-	19	-	-	-	-	-	-	7	-	-	33	2	1	-	-	18	33	14	14	-	-	85	-	-	163	-	29	-	8	-	2	-			
Malvern	1	-	16	-	-	-	-	-	1	-	-	-	7	1	5	-	-	2	-	-	14	-	-	79	-	-	7	-	44	-	19	-	6	-			
Oldbury Borough	4	-	18	-	-	-	-	-	-	4	-	-	38	3	8	-	-	1	33	62	14	19	-	14	-	-	84	-	4	-	4	-	5	-			
Redditch	-	-	7	-	-	-	-	-	-	1	-	-	20	7	2	1	-	1	14	14	14	3	-	36	-	-	37	-	1	-	2	-	3	-			
Stourbridge Boro.	2	-	32	-	-	-	-	-	-	20	-	-	23	2	1	-	-	1	-	-	62	19	-	22	-	-	-	-	-	-	-	-	-	6	-		
Stourport on Severn	-	-	3	-	-	-	-	-	-	14	-	-	14	3	3	-	-	-	2	3	-	-	-	16	-	-	-	-	-	-	-	-	-	-			
Totals	9	2	161	-	-	-	3	-	60	2	179	28	26	1	5	-	13	-	214	133	-	-	172	-	859	1	236	-	54	-	31	-	-	-			
Rural																																					
Bromsgrove	-	-	7	-	-	-	1	-	1	-	12	6	-	2	-	-	-	10	12	-	-	-	25	-	52	-	18	-	1	-	2	-	-	-			
Droitwich	1	-	1	-	-	-	-	-	-	-	4	-	1	-	-	-	-	7	9	-	-	-	82	-	13	-	2	-	1	-	-	-	-	-			
Evesham	-	-	2	-	-	-	-	-	-	-	5	1	-	-	-	-	-	15	6	-	-	-	3	-	27	-	4	-	2	-	1	-	-	-			
Kidderminster	1	-	21	-	-	-	-	-	2	-	3	3	2	-	-	-	-	22	4	-	-	-	6	-	17	-	2	-	6	-	2	-	-	-			
Martley	-	-	4	-	-	-	-	-	-	-	1	1	2	-	-	-	-	11	6	-	-	-	4	-	42	-	1	-	-	-	-	-	1	-			
Pershore	-	-	-	-	-	-	-	-	-	-	6	2	-	-	-	-	-	1	5	-	-	-	3	-	12	-	6	-	-	-	-	-	-	-			
Tenbury	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-			
Upton on Severn	-	-	3	-	-	-	-	-	2	-	10	1	2	-	-	-	2	7	19	-	-	9	-	47	-	4	-	-	-	-	-	-	-	3	-		
Totals	2	-	38	-	-	-	1	-	6	-	48	15	11	1	-	-	2	73	64	-	-	179	-	210	-	37	-	10	-	8	-	-	-	-			
Grand Totals	11	2	199	-	-	-	4	-	66	2	227	43	37	2	5	-	15	-	287	197	-	-	351	-	1069	1	273	-	64	-	39	-	-	-			

(a) The deaths refer to all cases of pneumonia, not only those which are notifiable.
 (b) The deaths are those ascribed to Pregnancy or Childbirth.
 These figures exclude Non-Civilians.

Births

An increase in the population is partly due to a rise in the birth rate and to a drop in the death rate but also to the arrival of new residents, principally in the areas round Birmingham (Bromsgrove Urban and Rural Districts Halesowen and Redditch). In 1955, 6,145 babies were born to County mothers: in 1956 there were 6,516 births. The rising number of births is likely to continue as the many young people born after 1941, when the birth rate began to rise again, leave school and become parents in their turn, and the call of the expectant mother and the young baby on the service is likely to increase.

The graph which follows shows how the County live births varied in the past 15 years and how the numbers of babies born who survive the first year has risen:-



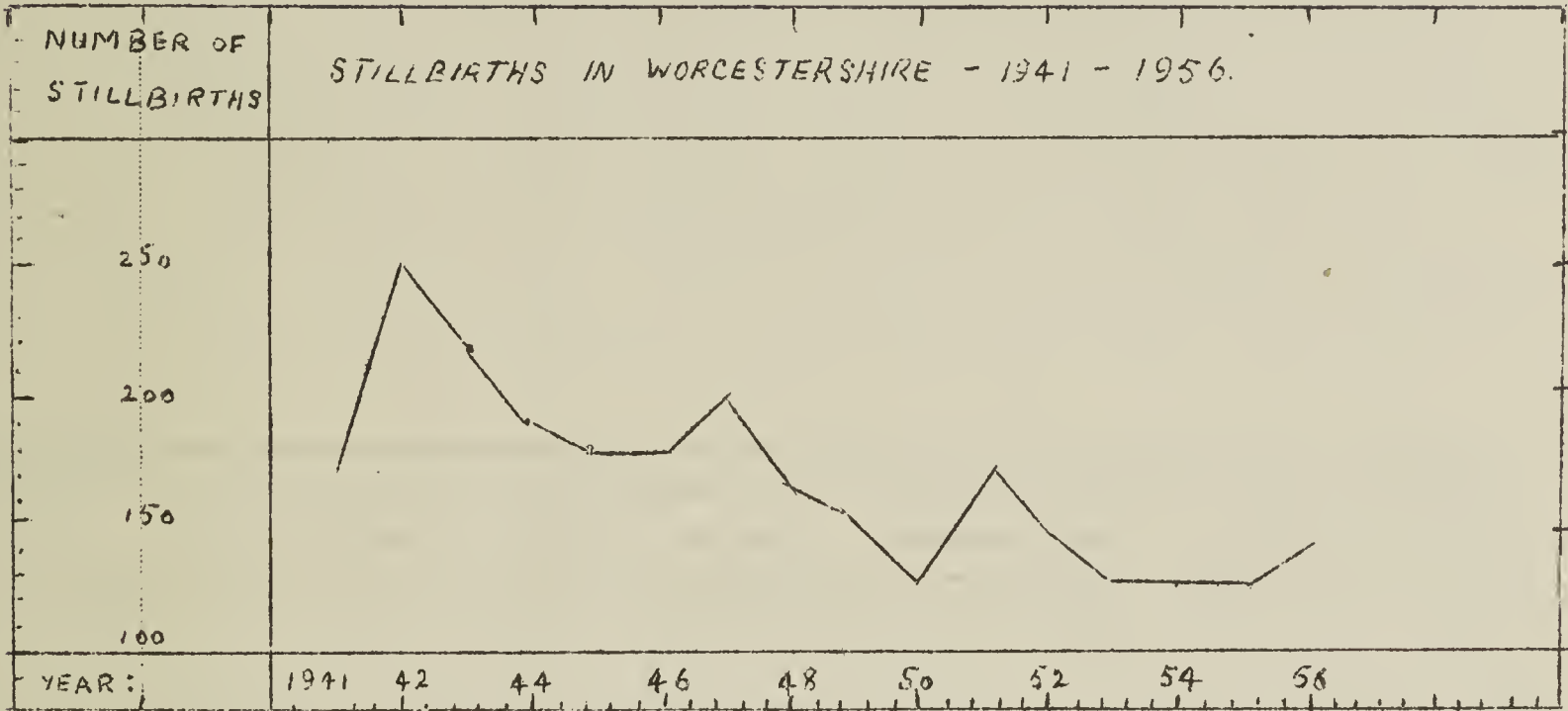
The birth rate was highest this year in Droitwich Borough and Pershore rural districts and lowest in Upton upon Severn and Kidderminster rural districts.

Illegitimacy

There were two more illegitimate births recorded in 1956 than in 1955 but the actual proportion of the total birth rate was less - 3.5% (3.6% for 1955). The national rate remains about 4.7%.

Stillbirths

The graph which follows shows the number of stillbirths in the years 1941 - 1956.



More research is needed to discover why so many of these babies die prematurely before they start on their passage into the world, since the numbers of those dying during birth are relatively small and should be reducible by advances in midwifery.

Place of birth

The proportion of babies born at home has risen from 31.2% in 1955 to 33.5% of the total. The Home Helps who attended 293 maternity cases contributed to this increased percentage of home confinements by assisting some mothers to remain at home instead of going to hospital.

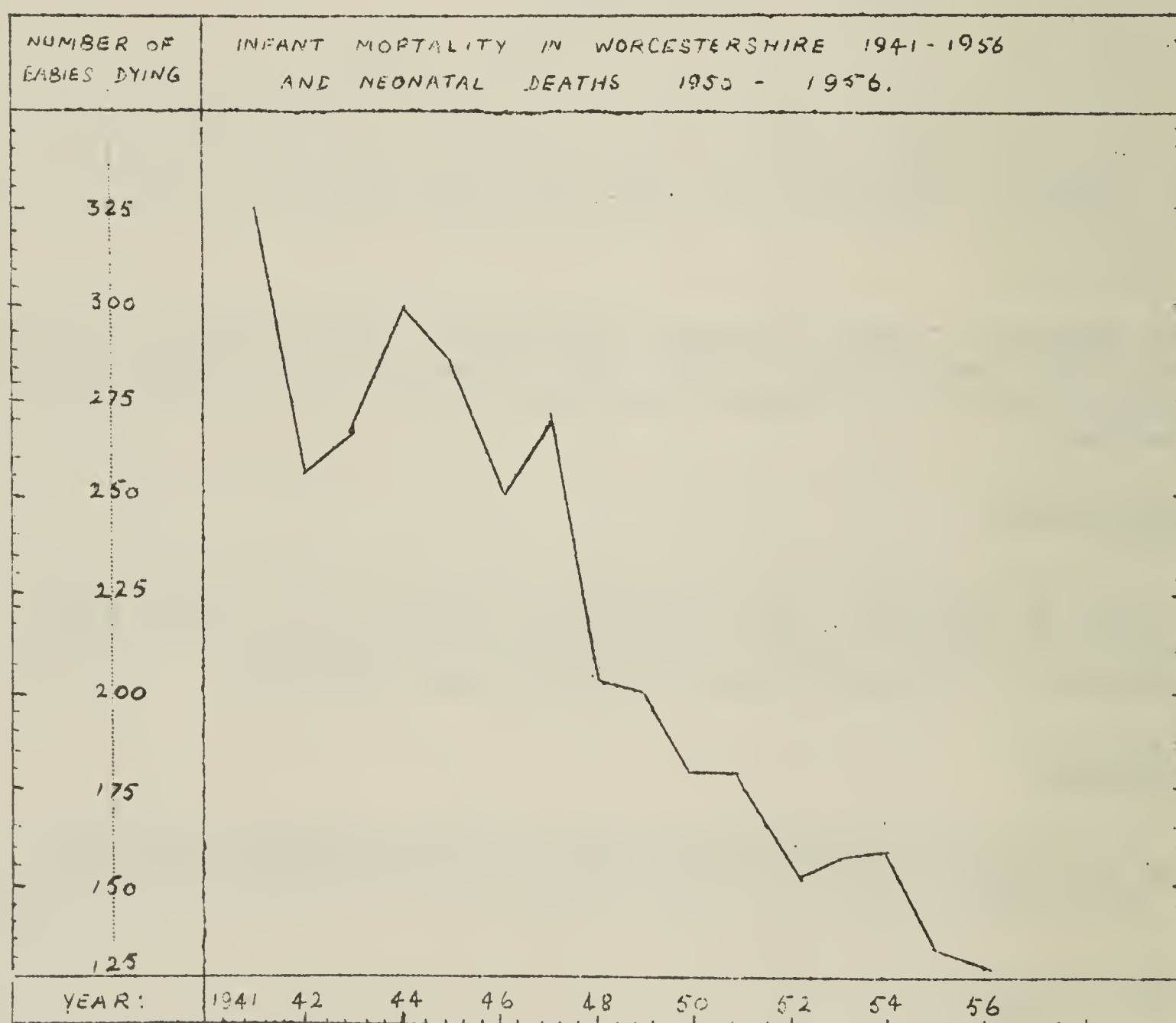
Prematurity

Special attention has been given to those premature babies who were delivered at home and special equipment has been supplied to assist in their care.

Infant deaths

To the mother of the baby, the loss of it during her pregnancy or soon after birth may be a great tragedy and at the least represents the loss of many months preparation. The child welfare service was planned as part of a comprehensive scheme to care for child life up to adulthood.

This service and the improved practice of midwifery and medicine, and better housing and living conditions have together brought down the County infant death rate to one sixth of its size in 1901; then, of every 1,000 babies born 134 died in their first year, while in Worcestershire in 1956 only 21 died in every 1,000 born, the lowest number ever achieved. The figure for England and Wales was nearly 24 so the County can be proud of this record but must work hard still to equal Sweden's rate of 17 in 1955. The graph which follows shows how the numbers have fallen in the past 15 years.



Neonatal deaths. It is known that infections are preventible and that the loss of babies from this cause should be capable of still further reduction by increasing vigilance and showing the mothers how to avoid the risks to the baby.

Perinatal deaths. This small group of deaths should soon be completely eliminated but there still remains the very high proportion of babies dying from other causes. These causes may operate before, during, or after birth, and to help in studying them, deaths of babies before or during birth, or in the first week of life, are now being grouped together as "perinatal" deaths ("about the time of birth"). Death figures are being collected for comparison between areas, by adding together the stillbirths and the first week deaths. The numbers of deaths in these groups have hardly altered since 1948 and are a challenge which must be met.

Congenital defects While it is not known why some babies develop wrongly from some mischance in the first few weeks of their lives after conception it has been learned that the early discovery of these variations may enable them to live instead of die, or for their parents to be helped to guide them through a more difficult childhood, without either making them invalids through excess of pity or kindness, or by creating unhappiness by ignoring their difficulties. The correction of defects must be early enough to allow the child to develop at a rate as near normal as possible, for example, children without legs learn to walk easily at the usual time if fitted with artificial ones as babies thus avoiding the difficulties if delayed until adult life.

Child Welfare The health visitors take over the visiting of mothers with new babies on the fourteenth day after birth unless the midwife has to attend for longer. Midwife and health visitor as a team help the expectant mothers, and after doing all they can with the doctors to ensure the birth of a healthy baby to a fit mother, are concerned to help mother and baby (not forgetting father and the rest of the family) through the trials and tribulations of infancy and toddlerhood to make the best use of nature's endowment and to avoid the hazards of illness and accident which lie in wait for the unwary, the unlucky, the ignorant or the careless.

Vitamins and extra iron are specially important for premature babies and twins.

Government welfare foods and other vitamin preparations are distributed by the County Council through child welfare centres and other centres, and last year, while less cod liver oil was taken, more orange juice was sold for children and expectant mothers.

Food and feeding problems are often the first ones confronting the mother and new baby, and health visitors encourage the mother to continue breast feeding through the first difficult week or so after she resumes her household duties, and assist those who have been advised to bottle feed in the choice of milk, and the technique of artificial feeding so that it constitutes little extra risk to the baby.

New protective measures such as immunisation against diphtheria, whooping cough and poliomyelitis have all followed the first inoculation against the deadly threat of smallpox, and parents are advised of the importance of all these for their babies and helped to decide when to request them - and reminded to complete the course. Special assistance is given to foster parents and those who adopt children.

Child Welfare Centres Parents' groups, organised in some areas by the health visitor, discuss their common difficulties and find these meetings helpful, while individual advice on the problems of bringing up children is available at child welfare centres from health visitor or doctor. Here all children are medically examined to exclude mal-developments, and progress is watched and recorded. If a physical or mental deviation is found the importance of early investigation and treatment is discussed and this is arranged through the child's doctor. Squints for instance, if left untreated for a few years may produce blindness in the squinting eye, yet many people still leave them to see if the child will "grow out of it".

The 92 child welfare centres in the county are open to all and are generally appreciated. Two more centres were opened in 1956 in Redditch and Kidderminster to serve new estates. There are 199 sessions a month in the county now and over 4,000 children under one year of age (which represents two-thirds of the children of that age in the County) came to register as new attenders during the year. Altogether 11,644 children attended during the year out of the total estimated under 5 population of 31,100, over one third, which is a higher number than last year.

Toddlers - unlike the under one year of age are not so often on the clinic register and although their attendances need not be so frequent, many mothers do not realise the skilled advice the clinic staff can give in dealing with behaviour difficulties which it is now known may lead to more severe mental maladjustments in the school child and adolescent if not properly handled.

Toddler clinics or 'birthday examinations' yearly are useful for those who don't attend clinics regularly and give mothers opportunities to bring forward their difficulties.

The Underwood Committee which reported last year on the difficulties of 'maladjusted' or 'awkward' children, paid great attention to the simple measures which for the pre-school child prevent mole-hills from becoming mountains.

The health visitors and district nurse/midwives are key workers. In Worcestershire most rural areas with smaller populations have a district nurse, trained also as midwife and health visitor, who knows all the people in her area well, since she attends them in sickness, in child birth, and in health. In the more populous areas the services are separate and the health visitors undertake only health visiting and school nursing and have much bigger numbers of children to visit in the time when they are not working in clinics or in schools. These nurses at present are doing a very wonderful job, keeping the service going in spite of case loads which are far too big and we hope to recruit more soon so that they can have more time to help all groups of the population. Last year they visited a total of 23,522 children under 5 paying over 94,000 visits, and a further 11,432 'useless visits' when no one was at home.

Many mothers without home nursing experience or training fail to realise the assistance the district nurse can give and the practical hints which can simplify the problems of nursing a sick child at home if only they are asked. This service has not however been publicised or expanded as yet.

Day Nurseries Day Nurseries are gradually becoming reduced in numbers and although two are still open in Oldbury and Redditch, the number of places at Redditch was reduced by 20 during the year because of falling demand. At the end of the year the continued fall in attendances here, possibly due to an increase in the fees in November, led to a decision to close it in 1957. The Oldbury nursery will continue to provide places for 25 children but young babies are rarely accepted now and a child over 2 is the only one normally accepted for care away from his mother.

Three county children are accommodated in Birmingham and Smethwick day nurseries and help is given towards their fees since they are 'priority' cases.

Daily minders can provide a substitute daily care of a standard comparable with a good home. There are no daily minders registered in the County but there are places for 67 children in the care of 6 private nurseries and child minders (one more nursery with 10 more children than in 1955), whose premises are inspected and approved.

Breakdown of families The joint circulars of the Ministry of Education and the Home Office, issued in 1949 and 1953, considering juvenile delinquency and the difficulties of parents leading to family breakdown, stressed the importance of relief in reducing the load on the mother and in modifying the continuous strain which may affect her health or her capacity as a housewife.

The health visitor in association with the family doctor who is the accepted family adviser in health is better placed during her regular visits to notice the signs of falling morale before deterioration is too far advanced and to suggest, encourage or arrange the necessary measures of relief. The 'stitch in time' is the justification for the regular visiting. It has been suggested that the 'good' families should be left to apply for help when they need it, while the health visitor should concentrate her time on the established 'problem families' who, as can be seen by all the neighbourhood have obviously deteriorated to a stage from which recovery will be a long and difficult process, in some instances probably never achieved. The problem lies with the very large number of families between these two groups - who without regular support and guidance can so quickly fall into bad ways.

Breakdown of many families has undoubtedly been prevented because of timely advice and encouragement, or practical help, such as convalescence or domestic help or a loan of furniture, clothing or money, to tide over a time of stress and prevent illness or the final blow of the eviction of the family or separation of the parents.

Treatment of the family as a unit is more certain to produce happy children in all but the exceptional cases and hence it is desirable to keep the family together as a unit for as long as possible.

The chief difficulty is to find enough staff and time for this from our present resources.

The health visitor at present works in co-operation with the other visitors concerned, such as the probation officer, children's officer, N.S.P.C.C., and the mental health workers and psychiatrists in one or two of the cases where mental illness or deficiency is a factor, and in six areas local co-ordinating committees help to avoid over-visiting and overlapping.

Loss of child life Turning from the problem of child happiness to that of child mortality, certain causes are within our power, as preventive workers, to remove, such as accidents which are avoidable and which constant vigilance and intelligent anticipation of possible dangers (points the health visitor can discuss often during her visits with any age group) can reduce. Eight Worcestershire children were accidentally killed in 1956. Infections are better avoided by the young child, but when they are acquired, intelligent care and modern medicine can, in most cases, prevent them from being serious or fatal. The health visitor can assist by making mothers aware of dangers without causing undue anxiety, and showing them how to avoid, or minimise their effects, by calling in skilled help at the right time, and by advising that the family doctor should be consulted in certain cases.

As the number of deaths is reduced the importance of chronic illness or disability or minor degrees of ill health increases - and the aims of "health for all children" are coming more within reach.

The results of the work of the child welfare service are seen when the surviving five years old school entrants are examined, and while the results are not entirely satisfactory they are improving. If conditions such as club feet and dislocated hips are notified early, and adequately treated in the majority of instances, the child has no disability which will prevent his attendance at an ordinary school, competing on normal terms with his fellows. Late diagnosis may mean late entry to school and interruption of education for hospital treatment, all likely to retard the normal process of learning. Interruptions due to infections which might have been prevented by immunisation, and difficulty in taking advantage of schooling because of defective eye sight or hearing, are all avoidable defects with far reaching significance if not diagnosed and treated as early as possible.

The aim of the child welfare service is to ensure a childhood as healthy and happy as possible, and a preparation for the school days which lie ahead.

Many of the staff have regular contacts with organisations such as Girl Guides, Church Youth Groups or Nursing Cadets and are able to foster interest in health and the prevention of disease in the potential parents of the future. In many cases, health visitors undertake this work as a voluntary task in their spare time, but with the development of the health education service, more requests are being received for talks to such groups and indeed a series of talks have been given to young factory workers whose enlightened management frees them for a half day's 'general education' each week.

The 1951 census figures emphasise the increasingly early age of young people who get married. Many of these young couples have had little continuously normal family life, which was disrupted in their cases by war. Moreover because of the smaller families, many of the girls missed the invaluable experience their mothers gained when they were old enough for responsibility, in looking after the younger members of a large household. Marriage and parenthood in these circumstances may be a stress greater than they can accept and it is most reassuring that so many survive with such credit. The discouragement comes in seeing the marriages which are often irretrievably affected by strain. Even though divorce, separation or desertion do not ensue, life for the couples has lost its savour. It is often a case of too many children too quickly, severe financial difficulties often due to their own unwise hire purchase commitments, and serious housing problems. All these factors are a menace to the couple and society must try to do more to prevent the enormous volume of unhappiness and the wastage of so much potentially good material.

Unmarried mothers Unfortunately, many of the unmarried mothers are very young and although more parents continue to help and support their children in this crisis of their lives, the assistance given by the Moral Welfare Associations who first extended forgiveness and Christian charity to a group previously outcast, is sometimes the only aid for a girl in trouble. If she has help and wants to keep her baby, long-stay Homes give her an opportunity to care for the baby under supervision and to go out daily to part-time work. The average stay is 10 months but girls can remain for up to two years. Many mothers need short term help before and after the baby's birth, while they finally decide in the weeks after birth whether to offer their baby for adoption and the average length of stay is two months before and 6 to 8 weeks after confinement.

The excellent and rewarding curative work by the Moral Welfare Associations for all denominations is expensive since a girl cannot quickly be rehabilitated and adjusted to the fact of her pregnancy and the subsequent problems. Although maintenance costs are very low, in most cases not exceeding £4 to £5 a week, since the Homes are run on voluntary funds, a stay of 2 to 4 months is quite costly but of course justifiable if the girl is properly helped and returns as a more mature individual to the community.

Expectant parents. The Health Department provides certain services for expectant and nursing mothers - principally at the 18 ante-natal clinics held in larger centres. The attendances at these for medical ante-natal care are now relatively few since the majority of mothers see their own general practitioners or the hospital doctor but many still come to the clinics for blood tests to be taken or to see their midwife, to meet their health visitor and attend relaxation and parentcraft classes. However, more mothers attended this year and with the new relaxation class opened in Malvern in January, mothers attending these classes totalled 623 (483 last year). More midwives' clinics are being opened where suitable premises are available, and parentcraft discussions or talks were held in seven areas. Dental examination is recommended for every expectant mother and the dental scheme entitles them to

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priority treatment in pregnancy and up to a year after the baby's birth, but many mothers need a lot of encouragement to attend for this, which their husbands could perhaps give. The numbers inspected this year (293) are better than last year (215).

Mothers who have young children to look after and are not employed in factories cannot spare the time or make the necessary arrangements in order to attend at the Mass Miniature Radiography Unit for chest X-ray. A scheme launched in March offered to prospective parents a special service at public or extra sessions and included a written report on the result, which is not normally provided by the local Mass Miniature Radiography Unit. Attendances at these sessions were good but unfortunately towards the end of the year, when the scheme was beginning to be established, the visits of the Unit were cut down and at present the static units in Dudley and Birmingham are the only ones providing a service for mothers referred by nearby ante-natal clinics.

Place of birth The choice of place of confinement is something best decided as early as possible but the present fashion for hospital birth (possibly because it is cheaper and involves less upset in the home) is affected by the limited number of hospital beds. Midwives visit the homes of all applicants for beds to see if confinement there would be possible before they are booked - since beds must in the first place be kept for the mothers who have medical need for a hospital bed. The increase in births means that more were confined at home and this year the proportion of home confinements increased to 33.5% from 31.2%. The mothers delivered at home were attended in most cases (2,168) by County midwives, only 26 births being attended by private midwives. 2,502 maternity packs were issued for use at domiciliary births. At these confinements 1,830 mothers had gas and air analgesia, 81 Trilene (a new but not necessarily better analgesic) and 1,016 pain-relieving injections, some of course, having both. Some mothers, particularly those who have had several children, prefer not to have either. The results of a national enquiry in 1953/4, just published, have 78 - 87% as high figures for gas and air at confinements. Worcestershire at that time had over 73%, so that this year's figure of over 80% is a good advance. Very few mothers fail to book a doctor now, 67 cases only being recorded, but of the booked cases, the doctor was present in 481 out of 2,116 deliveries with a County Council midwife and 22 out of 30 with private midwives. The County Council paid family doctors for attending 20 cases where the midwife asked for help because the patient had not booked a doctor but this was only half the number assisted in 1955 a tribute to the midwives who persuade the mothers at the time of booking of the necessity for booking both midwife and doctor. District nurses took over from trained midwives the care of 44 mothers (who had developed some infection) to avoid the spread of germs to other cases the midwife was attending.

The number of mothers delivered in hospital also increased by 355 but while the Birmingham Hospitals accommodated over 100 less, Ronkswood and Bromsgrove Maternity Units have each taken this number extra from the County. It is encouraging to report that this year 100 fewer mothers have had to return home early from hospital for care by the district midwife but the number, 1,363 is still over half the mothers delivered in hospital. This is a big additional load for the district nurse midwives to accept on the top of their own work, and not a very good thing for the majority of mothers who may not get the rest they need before returning to the household tasks.

This year only two mothers died because of child-birth - and a third, an unmarried mother who had sought no help throughout her pregnancy. Deaths are more often associated now with some general condition of the mother - such as anaemia or debility, but toxæmia, one of the killers of the past, is still a force to be reckoned with and a co-ordinated attack on it as suggested in the Ministry's circular should do much to reduce maternal illness and invalidism and deaths, as well as the loss of life among babies. Toxæmia is controllable in the majority of instances and everyone must combine to defeat it.

Haemorrhage is the other great hazard to mothers and this risk is reduced by full blood investigations and any necessary treatment of anaemia before confinement so that every mother is fully equipped for any emergency. Preliminary grouping of blood also reduces delay in giving transfusions, and avoids wasting precious Rhesus negative blood which must always be given for safety if the mother's group is unknown. In hospital all facilities are available for treatment but on the district the greatest life-saving innovation, the flying squad, is getting good results. This year the squads were called out 16 times (12 in 1955) to cases requiring treatment for haemorrhage or obstetric shock, and once to a case of delay in labour.

Illness

The majority of healthy parents have their difficult times and enjoy them, facing the trials and troubles together, but if illness or disability affects one or other, or one partner is inefficient, the health services are needed to avoid breakdowns. Illness, in addition to the invaluable help of the family doctor or hospitals, may need a home nurse and home help, and district nurses attended 7,809 cases of illness in the patients own homes, paying over 64,000 visits to people aged between 5 and 65, whilst the Home Help assisted.

Tuberculosis

Tuberculosis is a long-term disease where preventive health services are very much involved, both in providing adequate care at home and in protecting other members of the household, and tuberculosis health visitors work with their colleagues in the general health visiting, district nursing and Home Help fields, although they are based on hospital chest clinics. Although tuberculosis is a disappearing disease it will take a considerable number of years yet before it is finally eliminated. Effective and rapid treatment both in hospitals and at home, the extended use of B.C.G. protective immunisation and education in how to avoid passing on infection are still very important control measures.

The 8 Worcestershire health visitors in 1956 paid a total of 13,240 useful (and 1945 wasted) visits to the 2,500 cases on their waiting lists.

District nurses included in their total 59 cases of tuberculosis and home helps were assisting 64 households in which there were tuberculous patients.

Middle Age

Most people find that the years of their children's growth seem to pass in a moment and suddenly they find themselves middle-aged or even elderly, and on their own, and in the mother's case, suddenly without enough interest or occupation to fill these days. Now they have time to notice ill-health which may have remained subdued by the demands of a busy life or to become prey to anxieties about themselves as the change of life approaches. This is the age when cancer may be a fear or a reality to be faced - when heart disease and high blood pressure mean that ways of living have to be modified, and again preventive health services could, and perhaps should, offer more help. For instance, overweight people are known to be bad insurance risks, and perhaps weighing centres for the middle-aged would be equally valuable for them as for the babies, with advice on diet and exercise, and discussions and talks to help dispel fears and anxieties of this time.

Old Age

This is the time too when, rather belatedly, advice should be given to the population about physical and mental health for the many years that now lie ahead of the majority because of the advances in medicine. This group is making increasing demands on all parts of the health services for hospital or

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residential accommodation or care in their own homes - but the demand in future years might be kept within reasonable limits if they are kept healthy and minor disabilities attended to during childhood or adult life so that they do not make them more handicapped in old age by such things as "bad feet", arthritic joints and failing eye-sight and hearing - or by the even more serious mental and emotional disturbances and depression which arise when they are unemployed - or lose husband, wife or friends and have no other interests in life. Half the cases attended by district nurses (7,427 people) were over 65 and received about 126,500 visits - 65% of the total work of the nurses. Home helps too, give invaluable help so that old people can stay in their own homes when they have no relatives willing or able to help, and they were assisting over 1,000 in the group of aged and chronic sick. Health visitors are keeping a friendly eye on the old people and this year paid 2,848 visits. Many were referred by district welfare officers, after the old people have decided to stay in their own homes, even though in some cases it seems they might be "far better off in a home". While they are happy, and not a danger to themselves and their neighbours it is generally agreed that they should end their days in their own homes, even though they may cause considerable anxiety to the welfare workers helping them - and their families who cannot persuade them to move.

It is in this group - as in the pre-school one - that accidents take such a toll, and more visiting might help to remove the causes in many instances. Some Gas Boards for instance have a special service for old people and ensure that all appliances in their homes are safe and checked periodically. Gas for the aged, with failing senses of smell and hearing, and forgetfulness may constitute a serious domestic hazard of equal importance with slipping rugs, polished floors and unguarded fires.

This short summary of the work of the section is only intended to show the present activities and outline possible new developments. The limits placed on the new services by cost and staff difficulties sometimes lead to a sense of frustration and it is as well to survey how much is being achieved by our present staff in spite of over-heavy demands on their time and to count ourselves fortunate in being so well served.

The Isobel Morcom Medal and Prize is awarded each year to a worker in the district nursing field who is most outstanding - and for 1956 was given to Mrs. Haines a district nurse/midwife from the Catshill area who has been employed in the County for twenty five years. Of the members of the staff who have reached retiring age 13 have agreed to continue. Without their help it would not be possible to provide an adequate nursing service. Staff from overseas - Australian, and Dutch, and this year a Nigerian has started 'combined' training prior to taking a post in the County. Pupil midwives in training totalled 3 at Kidderminster and 4 from Bromsgrove General Hospital this year and they have assisted training midwives to a certain extent, although of course they add to their teacher's responsibilities.

The housing programme has continued and six houses and four flats have been completed and occupied at Cradley, Halesowen and Redditch.

Staff shortages or illness sometimes make even regular off-duty difficult to achieve and at the end of the year we were short of the equivalent of 7 full-time midwives, 6 district nurses and 3 health visitors on the present reduced establishment.

Refresher courses - while a great help to the staff, even every five years, leave an extra load for those who are left to undertake the district work of those who attend the courses.

Supervising nursing officers in all fields visit, advise and organise the staff as best they can to cover the areas and maintain the service, and ensure the carrying out of duties under the Midwives Act. This report would be incomplete without a tribute to Miss Meadway Russell, the Superintendent of District Nursing, who retires next year after nearly 21 years service, first as an officer of the County Nursing Association - a voluntary body - and since 1948 as an officer of the County Council. Her reminiscences of developments over the years are given in an appendix to the report. The nursing service, at first haphazardly distributed has been built up by successive stages in 1936 and 1948 to a county-wide service with standards of which we can be proud and for this Miss Meadway Russell can accept the credit. She will be much missed both by the nurses who entered the County service with her - and the many new recruits since then.

Medical officers inspect nursing homes, now numbering 11 and providing 7 maternity and 129 other beds for those who require private treatment outside hospital but, of course, their main work in this field lies in the clinic where with nursery staff they form a team for child welfare or ante-natal work.

Visitors from other countries make us conscious of our blessings and Mr. Atabani, an obstetrician from the Sudan and Dr. Mitchell a public health officer from South Africa both reminded us during their stimulating visits that here there is no under-privileged groups where money or race is a bar to adequate medical care. Our problem is to educate the people to use the existing services to the best advantage, and to expand the services to meet new needs as they become apparent.

STAFF DETAILS

Area Nurse-Training Committee

1. The Minister of Health has appointed Miss A. Kean, Superintendent Health Visitor to be a member of this Committee for the period ending the 31st March 1959.

2. Training:

[1] Students from other Authorities:

- [a] Student Queen's nurses from Nottingham continued to visit the County for three days rural experience; four came during the year. Arrangements are usually made for them to be accommodated locally in most cases by the nurse.
- [b] Student health visitors from Birmingham: Seven students came for one week's residential rural experience and eleven for three days regional experience.
- [c] Four tutor students from the College of Nursing and three district nurses spent a day in the county studying administration.

[2] Training in the County: Midwives (Part II)

- [a] During the year five pupil midwives spent six months at Stanmore Nurses Home in Kidderminster and took their examination; all were successful.
- [b] There were four pupil midwives from Bromsgrove General Hospital working in the County during the year, stationed in the following areas:-

Bromsgrove	...	2
Redditch	...	1
Stourbridge	...	1
		<hr/>
		4

All were successful in the examination.

3. County Council Studentships:

[a] Birmingham University Health Visitors Training:

Two students completed their training in June and joined the staff, one as a combined worker.

[b] One nurse commenced training in September and will have completed this in thirteen months.

[c] Queen's nurse/health visitor training:

Two nurses who commenced this training in 1955 were available for combined duties in 1956.

[d] Queen's nurses:

Five students who started four months training in 1955 were available for duty in 1956. All were employed after training.

4. Nursery training:

Two students passed the examination for the Nursery Nurses Certificate.

5. Refresher courses and further training:

Three health visitors attended refresher courses. Two health visitors attended a four day course of training in screening and diagnostic tests for deaf children.

Four district nurses attended the Queen's training course. Thirteen midwives attended post-graduate refresher courses. The senior nursing officers attended appropriate courses and conferences.

Long Services Badges:

These were awarded to the following district nurses who had served ten years in the County:-

Miss L. Black	}	Bromsgrove District Nursing Association
" D.E. Williams		
Miss I. Powell		Wychbold District Nursing Association

Queen's Long Service Medal: This was presented in London to Miss Morain, Deputy Superintendent of District Nurses, in November 1956 to mark 21 years service as a Queen's nurse.

County Nursing Association

The Annual General Meeting was held in July when reports were given about matters discussed during the year.

Mrs. C. Brown, formerly Headmistress of Carlson House, Harborne, Birmingham, and now on the staff of Ponds, a home for young adult spastics at Beaconsfield, gave an address on "Some Aspects of Education in a Spastic School and Young Adults Home".

Outstanding events of over 20 years concerning district nursing in the county.

- 1936 Midwifery Act implemented in 1937
1938 Post-graduate course for midwives under Midwifery Act, which was cancelled in 1939.
1943 Rushcliffe scale salaries, which certainly was the beginning of better pay, and not before needed.
1945 Separation of City and County Nursing Association.
1948 The greatest upheaval. The National Service Act coming into being which altered the whole outlook of the district nursing service, it being no longer a voluntary service but the affairs of local authorities. This had needed work all over the county from 1947 to July 1948, when the take-over took place. Committees were held by Dr. Wyndham Parker so that every District Nursing Association was consulted. Meetings were arranged at Shirehall for voluntary workers, as well as for district nurses. Many arguments took place no-one particularly welcoming this change, but as it had to be I felt we must work to try and make a good job of it. I wonder, have we?

1937 - 57

January 4th 1937. When my appointment was taken up the Midwifery Act 1936 was to be implemented by April 1st 1937.

Having for my sins changed horses in mid-stream as it were, for I had been organising for the same purpose in Oxfordshire up to the above date.

I walked into the office at 9 a.m. that morning to be told that I was due at a Committee meeting at Fernhill Heath at 10.30 and that Dr. Wyndham Parker would need me all day the next day in his office to discuss areas, staff and grants.

I attended the meeting, which was to deal with amalgamation of Fernhill Heath and part of Claines in the county. The next day I spent with the County Medical Officer, Mr. Holder and Mrs. Jones, after that I began to think about organisation of committees for the un-nursed areas, so that the whole county would be covered. Meetings were held up and down the county at all hours, many late at night. The areas included:-

Martley and Shelsleys	1 nurse
Lye and Wollescote	1 nurse
Pebworth and Cleeve Prior	1 nurse
Spetchley and Crowle	2 nurses
The Witleys	1 nurse
Wychbold and Stoke Works	1 nurse

Small areas on borders had to be taken over by Worcestershire already nursed by adjoining counties, as follows:-

Bushley included by Longdon
Pendock included by Castlemorton
Blackheath and Quinton included by Halesowen

Amalgamations of Claines and Fernhill Heath

Inkberrow and Feckenham
Bredon and Eckington, later joined by Kemerton and Overbury.

At a later date Beckford was added to this area.

Button Oak returned to Shropshire and Sambourne to Warwickshire.

1937 92 permanent nurses with 74 associations
1938 105 permanent nurses with 76 associations.

Between 1938 and 1945 several more amalgamations took place:-

Clows Top and Rock
Stourport and Areley Kings
Suckley and Knightwick
Alfrick and Leigh

Himbleton and Hanbury which later included Bentley and Tutnall and Copley, when Tardebigge and Finstall were included in Bromsgrove.

Voluntary Associations

Each District Nursing Association had a voluntary committee composed of representatives from each village and parish and this committee was responsible for raising the money to support nurse in each area. No grant was given by the County Council before 1937 for midwifery. There was a small public assistance grant to each association and a public health grant which was distributed at the end of each year to help necessitous associations. It was usually at this stage that amalgamations took place and our aim was to make each area large enough to justify a car. Cars were few and far between, but were mostly forthcoming on amalgamation of districts. Cars were my continual cry, it was my constant urge to local committees and the County Medical Officer.

Car grants were £35 0. 0. per annum to car owners and no mileage allowance, but one has to remember petrol was 1/1d per gallon and licence £2.10. 0. per annum.

New areas formed under the Midwives Act were given grants of £75 0. 0. to help towards purchase of car, which in those days cost £120 for two door Morris or Austin, £140 for 4 door. Eleven cars were purchased at that time.

1937 - 39. In the pre-war days seven permanent relief nurses were employed and two to relieve for the Midwifery post-graduate Course. Two nurses went each month to the Radcliffe Infirmary, Oxford, during the year except in August when the reliefs had their holiday and no course was held in Oxford. The list planned for 1939-40 to commence September 1939 was cancelled on the declaration of war.

Until the war holiday nurses were engaged each year from about April to November, often as many as 16 and several of these returned each year for this work.

A flourishing branch of Queen's Nurses league worked in this county and each year sent two nurses to Queen's post graduate Course. The College of Midwives did likewise.

During the war 12 Queen's nurses were left on the Channel Islands and it was felt that the hardship for them must be great, so the Queen's Nurses league organised a fund so they would be able to help them on their release. The Worcestershire branch of Queen's nurses league collected £162 4. 0., this sum being raised by donations and special efforts from 2/- to £75.

During this period I was walking in Worcester one morning when a lady came up to me and said 'I see you are a Queen's Superintendent, will you let headquarters know that the nurses on the Channel Islands are being cared for! She could not tell me how she knew but hinted that she had heard by 'under-ground'.

I sent at once to tell Miss Wilmhurst, General Superintendent, and she had already received the same news.

By the way, after her release one of the nurses came to work in the county as general nurse at Evesham for a time.

The war made many vacancies all over the country, as some nurses were on the reserve of various services. We had several in this county, in fact we lost many holiday nurses who had returned to work here during the summer, they were called up and gone at a moments notice. Also several of our nurses joined the Civil Nursing Reserve.

1943. Rushcliffe Committee scale salaries came into being and the whole of the cost of this rise was paid by the County Council. This Committee was eventually taken over by the Whitley Council and they still continue to deal with salaries. Salaries have improved since the Midwifery Act 1936, when the scale was laid down as -

£120 - £140	V.N.M.) with S.C.M. certificate.
£140 - £160	S.R.N.	
£160 - £200	Q.N.	

Now the maximum is

S.E.A.N., S.C.M.	£4.35 - £5.60
S.R.N., S.C.M., Q.N.	£4.70 - £6.00

I wonder if anyone realised in 1943 how near we were to becoming part of the National Health Service?

1945. The County Nursing Association separated from the City, setting up their own constitution and offices.

1945 - 46. S.E.A.N. roll was set up and 36 of our village nurse midwives were enrolled on the register.

There have been many applicants during 20 years. Many have come and gone but many have stayed whose appointments had been made before my arrival. My thanks go out to all of them for their continued loyalty and help in the difficult times we have gone through, making an efficient team together.

Among the later day appointments are the Queen's male nurses who are much appreciated in the areas where appointed and I may say they have come to stay as part of the Health Service all over the country.

Due to the various amalgamations, our numbers in 1956 are 112 nurses with 64 associations.

At last I am seeing the things becoming general that I always felt so keenly about the welfare of our nurses. They have cars which I almost screamed for on occasions, houses being built specially for district nurses with the district room. Improved salaries, although I still think there is room for further improvement. Better pensions for future nurses and yet I still wonder - will all these things increase our staff? Not, I think, unless one really has district nursing at heart and it becomes our real vocation in the nursing world, there are so many branches of nursing to choose from today.

V. MEADWAY RUSSELL.

The following has been supplied by Mr. B.D. Britten, the Chief
Dental Officer:-

Dental treatment of Expectant and Nursing Mothers and Young Children

Once again there has been an increase in the demand for dental treatment for mothers and young children in the County and this demand has been met, though not without difficulty as there has been no substantial change in the number of dental officers employed. Once again sickness among the staff interfered with the smooth running of the Scheme. Nevertheless, over one hundred more sessions were given to the work than in the previous year.

The drive to persuade patients to receive treatment early in pregnancy has been showing success and the percentage of expectant mothers referred is increasing while that of nursing mothers falls. Mothers are also slowly becoming more "tooth conscious" for their young children and it is a pleasure to find quite a number of these children being brought along before the onset of toothache.

Weekly half days are set aside for the treatment of Expectant and Nursing Mothers and young children in the clinics at Bromsgrove, Redditch and Stourport and about every other week in Halesowen. In addition, evening sessions are carried out in Oldbury, Stourbridge and Kidderminster. Though a considerable amount of treatment, particularly for young children, is carried out during daytime sessions normally given over to treatment of schoolchildren, the number of sessions shown in the returns does not include these part sessions, the figure representing only the number of evening sessions carried out plus the daytime sessions specifically set aside for the work.

X-ray facilities exist in Oldbury, Halesowen, Stourbridge, Kidderminster and Redditch and also in the two County mobile dental units.

The number of dentures provided rose very sharply and it is now becoming apparent that it will soon be uneconomic to have mechanical work done by outside laboratories.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL
AGE

[1]

(a) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service:-		
(1) Senior Dental Officer ..		1/10th
(2) Dental Officers		1 1/10th
(b) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service		-
(c) Number of dental clinics in operation at end of year		14
(d) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year		292
(e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year		-

[2] Dental Treatment Return

A. Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant & Nursing Mothers	293	291	255	207
Children under five	481	457	451	353

B. Forms of dental treatment provided:

	Scaling and gum treatment.	Fillings	Silver Nitrate treatment.	Crowns or inlays	Extractions	Gen: Anaes:	Dentures provided		Radio-graphs
							Full upp: or low:	Part upp: or low:	
Expectant & nursing mothers	146	519	-	-	1,014	34	97	57	35
Children under five	4	117	47	-	1,200	323	-	-	1

MATERNAL AND CHILD WELFARE

(Registrar General's
Figures)

TABLE I

County Statistics for Year 1946 - 56 and England and Wales 1956

Year	Live Births		Birth Rate Live Births per 1000	Still Births		Still Births Rate per 1000 Total Births	Infant Mortal- ity Rate	Neo- natal death rate	Mater- nal Mortal- ity Rate
	Legiti- mate	Illeg- itimate		Legiti- mate	Illeg- itimate				
1946	6,506	460	18.9	166	12	25	36	-	0.86
1947	7,059	353	19.7	187	9	26	36	-	1.08
1948	6,897	335	17.8	152	13	23	30	-	0.99
1949	6,353	341	17.1	143	9	22	30	-	2.04
1950	5,972	295	15.6	125	6	20	29	19	1.25
1951	5,970	263	15.4	165	8	27	29	19	0.78
1952	6,106	241	15.7	141	5	23	24	16	0.30
1953	5,885	269	15.1	121	6	20	26	17	0.81
1954	5,788	231	14.7	118	11	21	27	19	0.66
1955	5,800	215	14.6	121	9	21.1	22	17	0.83
1956	6,157	218	15.3	133	8	23.2	21	14	0.31
Rates in England and Wales 1956			15.7			23.0	23.8	16.9	0.46

TABLE II

Child Welfare Centre Attendances 1952-56

Estimated mid-year populations in brackets

Number of children who first attended a centre during the year and who at their first attend- ance were under one year of age			Number of attend- ances during the year made by child- ren who at the date of attendance were:			Total no. of children who attended during the year 0 - 5 years	Total attend- ances during the year 0 - 5 years
			Under 1 year	1 but under 2	2 but under 5		
1952	3464	(6152)	47,634	30,908		11,039 (32,600)	78,542
1953	3912	(5250)	53,061	14,913	17,746	11,822 (32,200)	85,720
1954	3975	(6080)	49,887	14,364	16,256	11,367 (31,500)	80,507
1955	3885	(5780)	47,793	13,725	16,264	11,516 (31,000)	77,782
1956	4108	(6200)	51,926	14,234	15,346	11,644 (31,100)	81,506

Total centres open 92 - 199 sessions a month
 (1955 90 - 200 " ")
 7 Weighing centres - 13 sessions a month.

This means that there is one child welfare centre for every 338 children under 5. In 1955 one for every 344 children.

TABLE III Details of openings and attendances - child welfare and weighing centres 1956

District	Centre	Held	Average Attendances	
			1956	1955
Bewdley Borough	Wribbenhall	Fortnightly	17	(17)
Bromsgrove Urban	Bromsgrove	Weekly and fortnightly	41	(34)
	Catshill	Weekly	32	(27)
	Rubery	Fortnightly	49	(29)
Bromsgrove Rural	Alvechurch	Fortnightly	26	(31)
	Beoley	Monthly	13	(11)
	Belbroughton	Fortnightly	18	(17)
	Cofton Hackett	Fortnightly	12	(16)
	Clent	Fortnightly	19	(21)
	Hagley	Fortnightly	33	(21)
	Finstall	Fortnightly	19	(20)
	West Heath	Fortnightly	35	(26)
	Wythall	Fortnightly	32	(33)
Droitwich Borough	Droitwich	Weekly	57	(47)
Droitwich Rural	Crowle	Monthly	16	(14)
	Cutnall Green	Monthly	11	(17)
	Fernhill Heath	Fortnightly	21	(24)
	Hartlebury	Fortnightly	25	(22)
	Ombersley	Monthly	10	(15)
Evesham Borough	Evesham	Weekly	31	(32)
Evesham Rural	Ashton-under-Hill	Monthly	8	(12)
	Badsey	Monthly	18	(13)
	Beckford	Monthly	20	(17)
	Bretforton	Monthly	31	(36)
	Broadway	Fortnightly	24	(28)
	Honeybourne	Monthly	29	(31)
	Kemerton	Monthly	27	(27)
	Littleton	Fortnightly	15	(20)
Halesowen Borough	Blackheath	Weekly	68	(61)
	Cradley	Weekly	53	(51)
	Halesowen	Weekly	74	(80)

District	Centre	Held	Average Attendance	
			1956	1955
Kidderminster Borough	Birchen Coppice	Fortnightly	22	(24)
	Broadwaters	Weekly	27	(26)
	Comberton	Fortnightly	37	(16)
	Coventry Street	Weekly	43	(45)
	Families Camp	Fortnightly	19	
	Franche	Weekly	32	(26)
	Foley Park	Weekly	52	(44)
Kidderminster Rural	Chaddesley Corbett	Monthly	14	(19)
	Blakedown	Monthly	22	(15)
	Cookley	Monthly	23	(28)
	Gorst Hill	Monthly	13	(9)
	Rock	Monthly	17	(13)
	Wolverley	Monthly	31	(31)
Malvern Urban	Lansdowne	Weekly	37	(37)
	Link	Weekly	30	(34)
	Newtown	Weekly	28	(31)
	Wyche	Weekly	11	(12)
Martley Rural	Broadheath	Fortnightly	18	(19)
	Hallow	Fortnightly	19	(10)
	Clifton on Teme	Monthly	5	(6)
	Holt	Bi-monthly	8	(6)
	Little Witley	Bi-monthly	6	(8)
	Shrawley	Bi-monthly	10	(11)
	Great Witley	Bi-monthly	13	(15)
Oldbury Borough	Langley	Twice weekly	59	(62)
	Warley	Twice weekly	58	(59)
	Wesley Street	Weekly	56	(48)
Pershore Rural	Bredon	Monthly	24	(19)
	Eckington	Monthly	29	(35)
	Fladbury	Fortnightly	16	(12)
	Pershore	Fortnightly	44	(34)
	Stoulton	Monthly	10	(10)
Redditch Urban	Redditch (Abbey- dale)	Fortnightly	19	(13)
	Astwood Bank	Fortnightly	40	(36)
	Redditch (Batchley)	Weekly from Aug.	30	
	Feckenham	Monthly	12	(9)
	Redditch	Weekly	40	(35)
	Old Vicarage			
Stourbridge	Lye	Weekly	37	(40)
	Norton	Weekly	32	(32)
	Pedmore	Fortnightly	13	(13)
	Stourbridge - Infants	Weekly	47	(41)
	Toddlers	Fortnightly	8	(12)
	Wollescote	Weekly	31	(37)

District	Centre	Held	Average Attendance	
			1956	1955
Stourport-on-Severn	Areley Kings Stourport Wilden	Fortnightly	21	(23)
		Fortnightly	22	(20)
		Monthly	25	(24)
Tenbury Rural	Tenbury	Fortnightly	22	(27)
Upton-upon-Severn	Callow End Hanley Swan Kempsey Upton-upon-Severn	Monthly	13	(16)
		Monthly	11	
		Monthly	46	(49)
		Fortnightly	17	(17)

Mobile Clinics

Place				Number of visits	Average Attendance
Alfrick	...	...	...	11	8
Bishampton	...	...	...	10	27
Childswickham	...	...	...	10	9
Eastham (alternate months)	...	...	...	5	16
Hanbury	...	...	...	12	14
Leigh	...	...	...	12	14
Lindridge (alternate months)	...	...	...	4	26
Longdon	...	...	...	11	36
Martley	...	...	...	11	18
Sedgeberrow	...	...	...	11	16
Welland (vehicle comes once monthly)	...	...	...	23	14

Weighing Centres

				Average Attendance
Evesham	...	...	...	22
Hollywood	...	...	...	25
Madeley Heath	...	...	...	11
Norton (Worcester)	..	...	...	17
Pebworth	...	...	...	17
Stoke Works	...	...	...	9
Suckley	...	...	...	5

TABLE IV - Details of distribution of Welfare Foods in 1956 through 144 Distribution Centres:

79 Child Welfare Centres
65 Other Centres

	Total amount distributed in 1956	Increase or Decrease compared with 1955
National Dried Milk	160,301 tins	1½% decrease
Cod Liver Oil	41,770 bottles	7% decrease
"A.D." Tablets	18,360 packets	9% increase
Orange Juice	268,264 bottles	11½% increase

TABLE V.

Clinic	Sessions per year	Total attendances	Mothers attending only for:-		Attendances for:		Details of blood tests taken:					Chest X-ray	Relaxation		
			Hospital applications	Blood tests	A. N. care	P. N. care	Hb.	Kahn W. R.	Rh.	Rh. neg.	Repeats		Reference for X-ray	New	Total attendances
Bromsgrove	52	596	146	-	105	2	6	6	6	1	-	Nil	74	356	
Coston Common (West Heath)	24	50	2	7	43	1	9	9	6	3	-	4	-	-	
Coston Hackett	24	9	3	-	6	-	1	1	1	-	-	Nil	-	-	
Droitwich	22	195	58	34	172	-	33	33	34	14	1	-	37	178	
Halesowen															
Blackheath	51	223	42	86	107	2	79	79	79	21	5	6	-	-	
Cradley	49	103	1	21	81	-	31	31	31	6	2	9	-	-	
Tenter St.	48	224	23	89	21	-	83	83	83	19	10	4	141	664	
Kidderminster	49	505	14	27	805	10	118	101	120	28	6	-	110	427	
Malvern	52	896	73	-		1	-		-	-	-		70	584	
Oldbury															
Langley	26	587	123	53	406	5	194	199	189	40	9	40	-	-	
Warley	25	560	57	45	228	}						15	60	261	
Wesley St.	25	305	89	20	196		-						15	-	-
Redditch	49	190	171	42	10		1	59	57	60	10	-	-	Hospital class	-
Rubery	23	39	8	-	30	1	3	3	3	2	-	1	-	-	
Stourbridge															
40, New Road	52	816	8	151	304	-	166	165	176	46	9	24	74	353	
Lye	24	91	4	53	1	-	53	53	52	8		No details	-	-	
Worcester	23	50	45	1	4	-	1	1	1	-	-	-	City class	-	
Wythall	12	21	8	3	9	-	4	4	5	3	-	Nil	-	-	
Totals	630	5460	875	632	2528	23	840	825	846	201	42	118	566	2823	

Other relaxation classes were held as below and attendance of County cases are given

Evesham (midwives and hospital class)
Redditch (hospital class)
Stourport (hospital class)
Worcester (City and County class)

Details of blood tests

All the 825 WR/Kahn tests were negative.
Repeat tests numbering 85 were almost entirely for haemoglobin reports.
Of 846 Rhesus tests carried out 201 cases were negative and 7 were Rh positive.

Table VI. Health visiting - including tuberculous health visiting - 1955 and 1956 - work undertaken and staff available.

Pre-school children (includes adoptions and child life protection cases)						Expectant mothers		Others	Total household	Wasted visits	TUBERCULOSIS			
0 - 5 estimated mid 1956 pop:	No. of 0-5 visit-ed	0 - 1		1 - 2 Total visits	2 - 5 Total visits	No. of mothers visited	Total visits	Total Visits	Visit-ed		Total visits	Wasted visits	Total wasted visits	
		No. visit-ed	Total visited											
1955	31000	24795	5970	20545	39002	1526	2289	6921	19595	?	15432	?	11688	
1956	31100	23522	6235	19489	37252	1510	2714	7698	19046	9487	13240	1945	11432	
Dec.	-	1273	-	1056	1750	16	1085	-	549	-	2192	-	256	
Inc.	100	-	265	-	-	-	-	777	-	-	-	-	-	

Clinic attendances by health visitors

Child Welfare Centres 3709
Ante-natal Clinics 849
Chest Clinics 697
Diphtheria Immunisation and vaccination clinics
Total Not included this year 5255

Staff at end of year	Total number of persons	90.	Full-time equivalent	38.4	(1956 33.1/2)	Car Drivers
Tuberculosis Health Visitors (only)	No. 8		Full-time equivalent			8
Health Visitor (")	1					1
Health Visitor/School Nurses	36		19.98		1	24
District Nurse/Midwife/Health Visitor/School Nurses	45		9.27		21	43
	90		38.25 (1956 33.5)		22 (31)	76

The present staff represents an average of one general purpose health visitor to 13,811 population (last year 11,844) and one Tuberculosis health visitor to 52,125 (last year 57,528) and there has, in fact, been a considerable worsening of the position - largely due to the population increase - in the general field.

TABLE VII

District Nursing 1955 - 1956. Work undertaken and Staff Available

	Medical		Surgical		Infectious Diseases		Tuberculosis		Maternity		Others		Totals	
	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits
1955	5673	137,181	2406	35,970	47	272	123	3172	47	256	10,699	11,403	18,995	188,254
1956	5492	141,987	2153	40,543	68	364	59	2493	44	362	8,945	9,328	16,761	195,077
Decrease	181	-	253	-	-	-	64	697	3	-	1,754	2,075	2,234	-
Increase	-	4,806	-	4,573	21	92	-	-	-	106	-	-	-	6,823

Analysis of cases by age groups

	0 - 5				65 +				5 - 65		Cases	% of Total	Visits	% of Total	Average no. of visits to types of case					
	Cases	% of Total	Visits	% of Total	Cases	% of Total	Visits	% of Total	% of Total	Cases					Visits	1953	1954	1955	1956	
1955	648	3.4%	4337	2.3	3,798	19.9	113,694	60.4	76.7%	37.3%	1,480	7.8	111,368	59.1	1955	Medical	20	20	24	26
1956	1525	9.1%	4412	2.3	7,427	44.3	126,437	64.7	46.6%	33.0%	1,606	9.6	125,786	64.5	1956	Tuberculosis	18	14	25	42
																Infectious disease	5	8	5	5
Decrease	-	-	-	-	-	-	-	-	30.1%	4.3%	-	-	-	-	Dec.	Maternal complications	7	8	5	8
																Others	15	1	1	1
Increase	877	5.7%	75	-	3,629	24.4	12,743	4.3	-	-	126	1.8	14,418	5.4	Inc.	Surgical	15	14	15	19

Duties	No. of Nurses Full-Time	No. of Nurses Part-time	F.T. District Nurse Equivalent	Car Drivers	On extended Service
District Nursing	24	2	26	10	-
District Nursing and Midwifery	43	2	18	42	3
District Nursing, Midwifery, Health visiting & School Nursing	44	1	19	44	7
Totals	111	5	63	96	10

Administrative Staff 1½ at Headquarters + 2 part-time in Divisional areas.
Employed :- gen. N.D. Queen's Nurses Non Queen's Nurses

	Full-time	Part-time	Full-time	Part-time
S.R.N., S.C.M., H.V.	17	-	2	-
S.R.N., S.C.M.	29	-	21	2
S.R.N.	9	-	4	-
S.E.A.N., S.C.M.	-	-	18	1
S.E.A.N.	-	-	9	2
S.C.M.	-	-	2	-
Totals	55	-	56	5

The total of 116 nurses carrying out general nursing duties as part or all of their work is equivalent to 63 full time general nurses.

This gives a proportion of one general nurse to 6,303 population compared with 6,765 last year, - an improvement, but still a little below the projected establishments. The changing aspects of the work shown by the tables above emphasise the difficulty of forecasting needs from one year to another. Again the grant of an additional weeks leave means the staff must increase by the equivalent of 1½ full time general nurses to carry out the same work.

Hop Pickers Nurses

	Nurses working	Patients
1953	5	273
1954	4	373
1955	3	466
1956	3	351

TABLE VIII

M I D W I F E R Y

Work done by County Domiciliary Staff

	No. Dr. Booked		Dr. Booked		TOTAL Home Confinement- ments	Medical Aid		TOTAL Medical Aid	Breast Feeding at 14 days		A N A L G E S I A						of Cases having:-	
	Dr. present	No Doctor	Dr. present	No. Doctor		No Dr. booked	Dr. booked				Dr. not present at delivery			Dr. present at delivery			Gas & Air or Trilene	Pethidine
1955	7	36	450	1290	1785	42	164	206	1588	88.3	1384	-	798	283	-	196	93	56
1956	5	62	481	1635	2183	20	264	284	1694	70	1389	17	807	441	64	209	87	43
Increase	-	26	31	345	398	-	100	78	106		5	17	9	158	64	13	-	-
Decrease	2	-	-	-	-	22	-	-	-		-	-	-	-	-	-	6%	13%

DISTRICT STAFF
(end of
1956)

Duties	F.T.	P.T.	F.T. Equivalent	Car Drivers
Midwifery only	12	-	12	10
D.N. & Midwifery	43	2	25	42
D.N., Midwifery H.V., & S.N.	44	1	14	44
Totals	99	3	51	96

The full-time equivalent of 51 midwives served 417,800 population this year giving a total of 1 midwife to 8,192 population (last year 7,936). This is an average of 43 confinements for each domiciliary midwife (last year 35).

Training of Pupil Midwives on district

1955 1956

PART II
Training
Schools

	1955	1956
KIDDERMINSTER	5	3
Bromsgrove General Hospital	10	4
TOTALS	15	7

Supervision of Midwives

Total practising in County

	County Council Domiciliary	Hospital	Private practice domiciliary	Private practice Nursing Home	Total	Maternity Beds in Nursing Homes
1955	100	41	11	2	154	7
1956	104	41	18	3	166	7
Increase	4	-	7	1	12	-

Notifications of artificial feeding during year - 593

Cases of Ophthalmia neonatorum notified - 5

Use of Analgesia - midwives qualified to administer this.

	DOMICILIARY				INSTITUTIONS				Totals	
	No. of C.C. Midwives	Number Qualified to administer	No. of Private Midwives	No. Qualified to administer	R.H.B. Hospitals No. of midwives	Number Qualified to administer	Nursing Homes No. of Midwives	Number Qualified to administer		
1955	100	100	11	-	41	37	2	1	154	138
1956	104	103	18	-	41	35	3	1	166	139

TABLE IX

Home Help Service

Average number of cases attended each quarter
(Maternity, Tuberculosis and Others)

Type of cases.	Maternity	Tuberculosis	Chronic and Aged	Others	Total	1st			2nd			3rd			4th		
						M	T	O	M	T	O	M	T	O	M	T	O
1955	375	70	974	532	1,951	55	40	757	40	37	813	35	39	787	36	41	842
1956	293	64	1,165	545	2,067	44	44	964	52	43	906	41	39	999	31	37	944
Increase	-	-	191	13	116	-	4	207	12	6	93	6	-	212	-	-	102
Decrease	82	6	-	-	-	11	-	-	-	-	-	-	-	-	5	4	-

STAFF

	Voluntary Organisers	Full-time Helps	Part-time Helps	Occasional
1955	24	32	222	
1956	22	31	245	52

The full-time equivalent of these workers was 166½ helps giving a total of 1 helper to 2,486 population.

Training Programme: A series of 6 lectures was held in 12 centres in the county, and of those home helps attending all 6 were given a badge which had been specially designed.

Family Welfare Cases: Two cases were helped intermittently through the year.

Premature births (i.e. births of babies weighing 5½ lbs. or under)

TABLE X

LIVE BIRTHS							STILLBIRTHS							
	Born in hospital	% of total hospital births	Born at home	% of total home births	Born in Nursing Home	% of total N.H. births	TOTALS	% of total premature births	Born in hospital	% of total prem: S.B.	Born at home	% of total prem: S.B.	TOTALS	% of total premature births
1955	315	8.1%	125	7.0%	-	-	440	39.6%	42	44.2%	22	47.8%	64	60.4%
1956	290	6.7%	107	4.9%	5	20%	402	56.1%	63	45.3%	13	38.2%	76	43.9%

Survival of premature babies - by weight group - showing place of birth and subsequent care and numbers alive at end of a month 1956

Weight Group	HOSPITAL BORN				HOME BORN				NURSING HOME BORN				BORN AT HOME AND TRANSFERRED TO HOSPITAL				STILLBIRTHS	
	Born	Lied 1st day	Died 2-28 days	Living 28 days	Born	Died 1st day	Died 2-28 days	Living 28 days	Born	Died 1st day	Died 2-28 days	Living 28 days	Born	Died 1st day	Died 2-28 days	Living 28 days	Hospital Born	Home Born
Up to 3 lbs. 4 oz.	36	15	8	13	4	1	1	2	-	-	-	-	3	1	1	1	31	4
3 lbs. 4 oz./ 4lb. 6 ozs.	67	7	5	55	9	-	-	9	-	-	-	-	4	-	-	4	15	6
4 lbs. 6 oz./ 4 lbs. 15 oz.	61	2	1	58	21	-	-	21	2	-	-	2	4	1	1	2	7	-
4 lbs. 15 oz. 5 lbs. 8 oz.	126	2	6	118	59	-	1	58	3	-	-	3	3	-	-	3	10	3
TOTALS	290	26	20	244	93	1	2	90	5	-	-	5	14	2	2	10	63	13

Oxygen was used for two babies from Stourbridge and one from Redditch during journey to hospital.

Premature outfits were issued for three babies nursed at home.

As has been the custom in the last few years, a course of lectures was arranged for medical officers, health visitors, district nurses and midwives. This was held at the Shirehall, Worcester, on the 17th and 18th April 1956 the programme being as follows:-

TUESDAY 17th April

Morning Session

Chairman:- MR. J. F. GOODE, O.B.E.
(Chairman, Education Children's Care
Sub-Committee)

- 10.10 a.m. "Contribution of Dentistry to Maternal and Child Welfare"
B.D. BRITTEN, L.D.S. (Principal Dental Officer, Worcestershire).
- 11.30 a.m. "Trends in the School Health Service"
DR. H. M. COHEN, M.D., D.P.H. (Principal School Medical
Officer, City of Birmingham.)

Afternoon Session

Chairman:- MRS. H. PORTER
(Chairman, Maternity and Child Welfare
Sub-Committee)

- 2.0 p.m. "The Importance of Mothercraft Teaching in the Modern World"
MISS A. CUTHBERT
(Mothercraft Editor, "Housewife")
- 3.15 p.m. "Acute Respiratory Infections"
DR. J. C. McDONALD
(Central Public Health Laboratory, Colindale Avenue, London).

WEDNESDAY, 18th APRIL

Morning Session

Chairman:- ALD. H. PARKES, J.P.
(Chairman, Health Committee)

- 10.10. a.m. "The Probation System"
F.E. JAMES, Esq.,
(Principal Probation Officer, Worcestershire)
- 11.30 a.m. "Trends in the Maternity and Child Welfare Services"
DR. M.G. GORRIE
(Ministry of Health, London)

Afternoon Session

Chairman:- ALD. R.R. ADAM
(Chairman, Worcestershire County Council)

- 2.0 p.m. "The First Year of Life"
PROFESSOR J. M. SMELLIE, M.D.
(The Childrens Hospital, Ladywood Road, Edgbaston, Birmingham)
- 3.15 p.m. "Television and the Health Services"
MISS DOREEN STEPHENS
(B.B.C. Television Service, London.)

Health Education

The following notes have been given by Miss J.K. Pettit, the Health Education Organiser:-

"It is frequently forgotten that the most effective way of teaching is by setting THE EXAMPLE. The public are urged to wash their hands after using the toilet but rarely are washing facilities provided. They read that food should not be touched by the hands but they have only to walk into their nearest grocer and see their ham or cheese constantly in the fingers of the assistant.

In a like manner all who have the responsibility for health education must not only set an example but must sincerely believe in what they teach and carry it out in their own lives. It is of little use telling others of the value of regular meals and a balanced diet if the health teacher is known to exist on snacks. The nature of the work of the doctor and nurse provides them with constant opportunity for health education. Thus a great responsibility is thrust upon them for their teaching must be of the highest integrity and based not on "do as I say" but on "do as I do".

To help the nursing staff in the county realise their responsibility as health educators, frequent and good in-service training is necessary. The term IN-SERVICE TRAINING may be unfamiliar. It refers to one method by which the employing Authority help their staff to give the best possible service to the public. The employing authority arrange regular lectures, discussions, opportunity for observation visits and provide relief of duties so that the individual member of staff is free to attend knowing that her district duties are not being neglected.

During 1956 three consecutive days of study were arranged for all those nurses who are not trained health visitors but are covering the duties of a health visitor. This in-service training was successful and enjoyed by the staff taking part. It was arranged without any additional expense to the County Council. Senior members of the county medical and nursing staff gave the lectures and took part in the discussions.

Similar methods of helping the medical and nursing staff to keep well informed are by regular STAFF MEETINGS. In a large county like Worcester-shire area meetings are proving successful.

A newsletter entitled "THE BULLETIN" is issued to the staff at intervals. The main contributors are the staff themselves. In this way they give encouragement to each other and show that new methods can be tackled successfully.

In the Bulletin the staff are informed of additions to the stock of visual aids. There are now forty filmstrips in the library and another filmstrip projector was purchased during 1956. This is enabling more of the staff to give attractive and thus increasingly effective, group health teaching. An electric record player was also purchased as sound filmstrips and long playing records are a useful method of providing the material on which group discussions can be based. It is internationally recognised that the GROUP DISCUSSION method of health teaching and of study, is vitally effective. "

VACCINATION AND IMMUNISATION (Section 26)

Vaccination The following is the vaccination return for the county for the year ended 31st December 1956:-

Age at date of vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
No. vaccinated	3,089	141	93	46	98	3,467
No. re-vaccinated	-	-	7	39	165	211

There were no cases of generalised vaccinia.

The corresponding total of primary vaccinations for the year 1955 was 3,408. Of the 3,467 primary vaccinations, 686 were performed at clinics being 19.8% compared with 21.8% for 1955.

The following table gives the figures for each County District:-

WORCESTERSHIRE COUNTY COUNCIL

VACCINATION - ANNUAL RETURN FOR THE YEAR ENDED 31st DECEMBER 1956 - SUMMARY

DISTRICT	No. of persons vaccinated					No. of persons re-vaccinated						
	Under 1	1	2 to 4	5 to 14	15 OR OVER	TOTAL	Under 1	1	2 to 4	5 to 14	15 OR OVER	TOTAL
BEMDLEY BOROUGH	34	-	2	-	1	37	-	-	-	3	7	10
DROITWICH BOROUGH	83	-	-	-	2	85	-	-	-	-	5	5
EVEESHAM BOROUGH	60	4	3	1	5	73	-	-	-	1	7	8
HALESOWEN BOROUGH	325	9	2	2	14	352	-	-	-	-	15	15
KIDDERMINSTER BOROUGH	268	1	7	8	6	290	-	-	4	1	5	20
OLDBURY BOROUGH	208	7	6	1	6	228	-	-	-	-	12	5
STOURBRIDGE BOROUGH	358	28	24	8	9	427	-	-	2	4	10	18
BROMSGROVE URBAN	217	6	2	4	7	236	-	-	-	1	33	11
MALVERN URBAN	264	15	9	2	16	306	-	-	-	14	10	47
REDDITCH URBAN	292	9	9	2	-	312	-	-	-	-	5	5
STOURPORT URBAN	111	-	1	2	7	121	-	-	-	6	7	13
BROMSGROVE RURAL	276	11	6	3	2	298	-	-	1	-	9	10
DROITWICH RURAL	112	-	1	2	9	124	-	-	-	-	4	4
EVEESHAM RURAL	88	1	-	2	7	98	-	-	-	3	8	11
KIDDERMINSTER RURAL	80	2	5	2	4	93	-	-	-	3	7	10
MARTLEY RURAL	103	4	2	-	-	109	-	-	-	3	6	9
PEPSHORE RURAL	53	42	5	1	-	101	-	-	-	-	5	5
TENBURY RURAL	56	-	4	3	2	65	-	-	-	-	3	3
UPTON ON SEVERN RURAL	101	2	5	3	1	112	-	-	-	-	2	2
	3089	141	93	46	98	3467	-	-	7	39	165	211

Immunisation in Relation to Child Population

Number of children at 31st December 1956, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January 1942).

Age on 31.12.1956 (i.e. born in year)	Under 1 1956	1 - 4 1952-1955	5 - 9 1947-1951	10-14 1942-46	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1952-56.	1,043	17,359	25,654	7,565	51,621
B. Number of children whose last course (primary or booster) was completed in period 1951 or earlier.	-	-	6,135	21,843	27,978
C. Estimated mid- year child population.	6,200	24,900	69,100		100,200
Immunity Index 100 A/C	16.8	69.7	48.1		51.5

There were no notifications of diphtheria in the 0 - 15 age group in the county during 1956.

WORCESTERSHIRE COUNTY COUNCIL

Diphtheria Immunisation - Annual Return for the year ended 31st December 1956

Number of children at 31st December 1956, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January 1942)

Last complete course of injections (whether primary or booster)

Age at 31.12.56. i.e. Born in year.	A. 1952 - 1956					B. 1951 or earlier		
	Under 1 1956	1 - 4 1952-55	5 - 9 1947-51	10-14 1942-46	Under 15 Total	5 - 9 1947-51	10 - 14 1942 - 46	Under 15 Total
Bewdley Borough	22	137	281	65	505	85	276	361
Droitwich Borough	10	343	445	89	887	154	356	510
Evesham Borough	30	589	715	268	1,602	8	373	381
Halesowen Borough	103	1,854	2,651	358	4,966	772	3,179	3,951
Kidderminster Boro.	272	1,226	2,779	443	4,720	626	2,020	2,646
Oldbury Borough	28	1,859	3,564	2,746	8,197	599	1,792	2,391
Stourbridge Borough	97	1,797	2,462	605	4,961	432	2,026	2,458
Bromsgrove Urban	81	1,191	1,818	288	3,378	424	1,904	2,328
Malvern Urban	41	1,020	1,177	227	2,465	441	955	1,396
Redditch Urban	44	1,822	2,498	687	5,051	384	2,315	2,699
Stourport Urban	91	523	944	115	1,673	159	789	948
Bromsgrove Rural	37	1,223	1,552	331	3,143	521	1,803	2,324
Droitwich Rural	20	789	731	163	1,703	342	803	1,145
Evesham Rural	27	677	1,044	398	2,146	6	277	283
Kidderminster Rural	74	385	712	159	1,330	152	572	724
Martley Rural	14	508	628	123	1,273	243	826	1,069
Pershore Rural	15	747	759	343	1,864	356	509	865
Tenbury Rural	27	188	331	51	597	88	326	414
Upton on Severn	10	481	563	106	1,160	343	742	1,085
TOTALS	1,043	17,359	25,654	7,565	51,621	6,135	21,843	27,978

B.C.G. Vaccination of School Children

The scheme for tuberculin testing and B.C.G. inoculation of 13 year old school children which was referred to in my report for 1955 operated without change this year and the following table gives the results:-

B. C. G. Vaccination 1956

No. of Invitations issued	No. of consents received	Percentage acceptance	No. of children whose tests were read A	Result of test		Percentage of Positive reactors 100 B/A	Percentage of Negative reactors 100 C/A	No. of children vaccinated
				Positive Reaction B	Negative Reaction C			
8,115	6,694	82.5	6,068	1,070	4,998	17.6	82.4	4,998

Poliomyelitis Vaccination

In January 1956 the Ministry of Health issued a circular in which the Minister explained his proposals for the use of a vaccine against poliomyelitis as part of the National Health Service.

The Health Committee of the County Council having approved the introduction of poliomyelitis vaccine for children between two and nine years of age (the age groups selected by the Ministry of Health) the scheme was advertised in the local press and parental consents were received in respect of 689 children (342 boys 347 girls). Of these, 89 children were eligible for vaccination on the basis of selection made by the Ministry of Health. 85 children (39 boys, 46 girls) were given two injections and 7 (3 boys, 4 girls) one injection of the vaccine.

Vaccination was suspended after the 30th June during the poliomyelitis season (July to November).

A further issue of vaccine received in December was sufficient to give second injections to the eight children (including an inward transfer) who had received a first injection earlier in the year, and to give a first injection to four other children who had been registered before the end of March 1956.

Ambulance Service (Section 27)

Although the total number of cases conveyed during the year was higher than in 1955, the increase was wholly accounted for by additional mentally defective children conveyed to occupation centres. Excluding these children, the total number of cases conveyed showed a decrease of 205. The mileage dropped by 1%, and the miles per case were 4.0% as compared with 4.2 in 1955.

2,472 accident cases were conveyed, compared with 2,622 the previous year, and out-patient treatment cases were 99,082 compared with 99,731 in 1955.

It is gratifying that there was a reduction in the volume of work, partly due to the vigilance exercised in the arranging of cases by the most economical means. More cases were conveyed by railway, 584 as compared with 541, in 1955, and a considerable time is now spent in arranging these journeys, although this time is justified by the economy effected in the use of vehicles.

A third permanent relief driver-attendant was appointed replacing the temporary appointment made in 1955; this was the only change made in the establishment during the year.

The co-operation within the service at all levels is excellent, and there is close liaison with the medical profession, hospitals and neighbouring authorities, with consequent benefit to both service and patients.

Ambulance Stations

Little progress was made in providing new stations. The most urgent need is at Halesowen. Negotiations for a site are still in process, and it is hoped a suitable site will be found in the very near future.

New Vehicles

Six new Morris L.D.1 ambulances were purchased during the year. These smaller vehicles are proving very satisfactory in service, and a further seven have been ordered for the current year. It has also been decided to purchase a diesel sitting case vehicle as diesel engined vehicles offer possible running economies. Whether this type of vehicle will satisfy our other requirements - in respect of patients comfort, will only be revealed by a period of extended trial.

Voluntary Agency

The Worcester City and District Voluntary Ambulance Committee continued to serve Worcester City and neighbouring county areas, and during the year 1,826 county cases were conveyed a total of 30,968 miles compared with 2,058 cases and 31,471 miles in 1955.

Hospital and Hire Car Services

Hospital and hire cars are used whenever possible to conserve ambulances and whole-time staff. It will be noticed from the statistics given in Table A, that the total mileage and cases conveyed by cars has been reduced.

Civil Defence Ambulance and Casualty Collecting Section

Training made great strides during the year. A local instructors' course was held during the summer months, as a result of which there are now two centrally trained and five locally trained instructors available. Eleven section training courses were arranged in the county commencing in September, and these were very well attended. The main need is for more training equipment and vehicles, and these should be forthcoming in the near future. There are approximately 450 members enrolled in the section, of whom nearly half are active.

Volunteers

I must again record my appreciation of the work done at the ambulance stations by members of the British Red Cross and St. John Ambulance Association, as well as the members of the hospital car service, without whose help it would be difficult to run the ambulance service without increasing considerably the whole-time staff and vehicles.

TABLE A - Cases conveyed and mileages covered by ambulances, hospital and hire cars.

	(a) Ambulances				(b) Hospital Cars				(c) Hire Cars			
	Cases		Miles		Cases		Miles		Cases		Miles	
	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956
January	11,064	11,352	52,727	51,077	1,046	1,125	15,116½	18,862½	214	212	4,550	3,924½
February	11,279	12,492	47,442	49,671	1,039	998	15,227½	17,552	256	180	4,784½	3,184½
March	13,288	13,068	52,553	54,669	1,502	1,151	20,285	18,722½	221	175	5,539½	3,513½
April	10,146	10,774	47,836	47,530	1,089	1,111	17,643½	17,367½	236	143	4,997	2,717
May	11,413	13,010	47,454	53,413	1,113	1,344	19,539	21,795½	228	149	5,740	2,823
June	11,914	13,382	49,349	49,646	1,148	1,191	20,606½	20,409	227	144	4,234½	2,771½
July	12,439	13,720	55,727	53,509	1,407	1,208	26,192	18,669	374	301	6,332½	4,785
August	9,682	9,774	46,996	43,556	1,040	934	19,976	18,002	255	164	5,698	3,276
September	12,561	12,421	50,148	47,721	1,043	1,056	18,227	18,182	240	130	4,480	2,117½
October	11,993	14,476	50,826	53,226	1,099	1,244	20,197	20,090½	289	153	4,756	2,873
November	13,754	13,861	52,196	49,677	1,251	1,446	20,336½	23,850	194	176	3,259	2,995½
December	11,623	10,830	50,286	43,518	1,052	1,070	17,992½	16,138	144	144	3,314½	2,659½
	141,156	149,160	603,938	597,675	13,829	13,878	231,339	229,640½	2,878	2,071	57,685½	37,640½

+ includes 398) residue miles during year:-
+ " 462) Worcester City and District Voluntary Ambulance Committee.

TABLE B. Establishment at 31st December 1956.

Ambulance Station	No. of vehicles	Driver - Attendants	
		Whole-time	Part-time
Bromsgrove 	6	7	-
Droitwich 	1	1	-
Evesham 	2	-	2
Halesowen 	5	6	-
Kidderminster 	6	7	-
Malvern 	4	5	-
Oldbury 	5	6	-
Pershore 	1	-	3
Redditch 	5	6	-
Stourbridge 	5	6	-
Tenbury 	1	-	2
Wythall 	1	-	-
Hayley Green Hospital ...	2	-	1
Relief Driver - Attendants ...	-	3	-
	44	47	8

Convalescent Treatment

This service continues to be of real value to the individual patient and to the community although the demand for it has again fallen slightly this year.

224 cases were sent to 31 convalescent Homes during the year, the usual stay being two weeks. Escorts were provided and special transport arranged when necessary. This compares with 262 and 32 in 1955.

As one would expect, not many cases arise during the winter months, but for the remainder of the year the monthly admission rate is fairly constant.

All the cases were referred either by hospitals or general practitioners. The patients contribute towards the cost according to their means; about one quarter are in receipt of National Assistance.

The majority of patients go to well-known Homes. A report is obtained upon any home not already known to the County Council.

MILK AND DAIRIES ADMINISTRATION

Specification of Areas

The Minister of Agriculture, Fisheries and Food, in conjunction with the Minister of Health announced his intention earlier in the year to include Martley and Tenbury Rural Districts in an Order soon to be made. The "appointed day" was in fact 1st October 1956, and so now the whole of the County is a "specified area" in which all milk sold by retail must be "specially designated" milk (that is, "pasteurised", "sterilised" or "tuberculin - tested" milk).

The Committee thought that perhaps insufficient notices were given to the producers likely to be involved in these Orders but the reply received from the Ministry of Agriculture, Fisheries and Food clearly indicated that no producer - retailer could say that he did not know of the intentions.

During the year the Committee have had to call attention to several illegal milk sales. One certificate of exemption authorising the sale by retail of undesignated milk in a specified area was granted by the Ministry of Agriculture, Fisheries and Food.

A population of approximately 40 millions reside in areas now specified in England and Wales, and there is no doubt that this is an important and desirable advance towards the ultimate goal of the total eradication of non-pulmonary tuberculosis in this country. It might well be that our main anxiety in the future will be protecting the cow from human sources of infection rather than protecting the human from the rapidly disappearing sources of infection from the cow and her milk.

At the end of the year the drive to get rid of bovine tuberculosis took a big stride forward and in five years time it has been estimated that this, one of the greatest of cattle diseases, which has taken a heavy toll in human beings through drinking infected milk, will be eradicated entirely.

It will be done in three stages. First there will be "free testing" areas in which all owners of herds will be able to apply for their herds to be tuberculin tested. Then the free testing area, which will last for about two years, will be declared an Eradication Area, when all cattle not in supervised or attested herds will be tested compulsorily and any reactors in the area will be slaughtered. When all the herds in the Eradication Area have been tested twice, the reactors dealt with and disinfection completed, the area is declared an attested area.

The elimination of bovine tuberculosis would be a great achievement of tremendous public health importance. Worcestershire is to be included in an area in which free testing will commence early in 1957.

At the end of the year there were 1,333 dairy farms in Worcestershire. Of these 665 or practically 50% held Tuberculin Tested Licences. The percentage of tuberculin tested milk is slightly higher (74.1%) due to the fact that the tuberculin tested herds are usually much larger than the undesignated herds. For England and Wales the figure is 78.4%.

Brucellosis

All samples of milk submitted to the Public Health Laboratory, Worcester, for biological examination for infection with tuberculosis are also subjected to the test for infection with the organism of brucella abortus.

Just over 7% of the samples are reported as showing evidence of infection on biological examination. All cases where the milk is known to be consumed without being heat treated subsequently are closely investigated. In practically every instance, with the co-operation of the farmer it is possible to send the infected milk away by bulk for heat treatment. It would appear that the incidence of the disease amongst dairy herds seems to be showing signs of diminishing. It is extremely rare for humans to suffer from undulant fever caused by brucellosis infection, and it is now generally thought that cases arise mostly from association with infected animals rather than from drinking infected milk.

The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations
1949 - 54

At the end of 1956 there were fourteen pasteurisers and one steriliser's licence in force.

At eleven of the licensed dairies the method adopted for pasteurising the milk is by the holder process and the other three employ the high temperature short time (H.T.S.T.) process. The small sterilized milk plant processes about 250 gallons of milk per day.

The holder process requires that the milk shall be retained at a temperature of not less than 145°F and not more than 150°F for at least thirty minutes and immediately cooled to a temperature of not more than 50°F, whilst the H.T.S.T. process requires that the milk shall be retained at a temperature of not less than 161°F for at least fifteen seconds and similarly cooled.

Systematic visits are paid to all dairies and the indicating and recording thermometers checked against a specially tested and certified thermometer, and the operating records examined. All failures are specially investigated. Experience shows that both systems of pasteurising will give satisfactory results, but the H.T.S.T. system is more suited to dairies processing larger quantities.

A firm of dairymen were prosecuted for using the designation "Tuberculin Tested" in a manner calculated to suggest that it referred to that milk without holding a license authorising the use of that designation in connection with that milk, contrary to section 13(2) of the Food and Drugs (Milk, Dairies and Artificial Cream) Act 1950 (now the Food and Drugs Act 1955). They were also fined for using a false trade description.

The following table shows the number of pasteurised milk samples collected by the County Council during 1956. It also shows the results of samples in respect of processing plants licensed by other food and drugs authorities, but supplying milk to Worcestershire schools and institutions.

Place of Collection	A B C	No. Taken	Phosphatase Test		Methylene Blue Test	
			Pass	Fail	Pass	Fail
SCHOOLS	A	18	18	-	18	-
	B	131	131	-	131	-
	C	149	149	-	149	-
CHILDREN'S HOMES	A	8	8	-	8	-
	B	14	14	-	14	-
	C	22	22	-	22	-
DAY NURSERIES	A	-	-	-	-	-
	B	2	2	-	2	-
	C	2	2	-	2	-
HOSPITALS	A	13	13	-	13	-
	B	24	24	-	24	-
	C	37	37	-	37	-
DAIRIES	A	319	318	1	319	-
	B	-	-	-	-	-
	C	319	318	1	319	-
TOTALS	A	358	357	1	358	-
	B	171	171	-	171	-
	C	529	528	1	529	-

- A. Milk processed at plants licensed by Worcestershire County Council, and delivered direct to the consumer by the licence holders.
- B. Milk processed at plants licensed by the Worcestershire County Council, but delivered to consumer by distributors (also includes milk produced at plants licensed by other Authorities).
- C. Total.

Notes

The phosphatase test shows whether the milk has been heated to the proper temperature and subsequently held at the correct temperature for the correct period.

The methylene blue test is applied to test the keeping quality of the milk.

The methylene blue tests on pasteurised milk have to be declared void when the atmospheric shade temperature at any time between the collection of the sample and testing exceeds 65.0° F.

The results given in the above table are exceedingly satisfactory. The percentage failure over the country as a whole is between one and two per cent: the Worcestershire figures are less than 0.2 per cent.

Sterilised Milk

23 samples of sterilised milk were collected during the year, all of which passed the turbidity test and were satisfactory.

The turbidity test applied to sterilised milk shows whether the temperature of the milk has been raised to boiling point and kept at or above that temperature for a sufficient length of time.

Milk in Schools Scheme

The following table shows the grade of milk supplied to schools under the scheme.

The scheme was extended to include independent schools as from 1st September 1956.

<u>Grade</u>	<u>No. of Schools Supplied</u>
Pasteurised	347
Tuberculin Tested	20
Non. designated	Nil

Except for a few of the independent schools all the remainder receive milk in one-third pint bottles.

A census taken in October of 1956 showed that 47,802 children out of 58,499 were taking milk, a percentage of 81.7. Last year the percentage was 81.6 with a slightly less number of children present.

In addition 69 non maintained schools with 6,707 children were participating in the scheme. Of those, 6,210 were taking milk, a percentage of 92.6.

23 samples of raw T.T. milk were collected at schools during the year and all satisfied the Methylene Blue Test. 13 samples were submitted for biological tests: all were negative for tuberculosis.

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Biological Sampling

The County Council are charged with the duty of enforcing the provision of the Food and Drugs Act, 1955, relating to the prohibition of the sale of tuberculous milk, and milk from cows suffering from certain other diseases.

The following table shows the number of biological samples collected by the County Council during the last five years.

BIOLOGICAL SAMPLES

YEAR	NO. COLLECTED	NO. NEGATIVE	NO. POSITIVE	TEST UNCOMPLETED
1952	394	371	7	16
1953	559	547	8	4
1954	563	543	12	8
1955	482	461	8	13
1956	522	513	4	5

Cleanliness of Milk Bottles

Notwithstanding there is no legal standard of what constitutes a clean bottle, it has been thought desirable to continue taking random samples of washed bottles at the various dairies for which the County Council have a responsibility.

Cleanliness of milk bottles used for Pasteurised Milk

The following table summarises the results of random sample bottles collected during the year ended 31st December, 1956

Total	Sterile	No. of colonies developing on Agar at 37° C in two days				Bacillus Coli Present
		Lessthan 100	100-600	600-2000	Over 2000	
272	89	114	23	17	29	16

The following is the standard adopted by the Public Health Laboratory Service for judging the cleanliness of washed bottles:-

Not more than 600 colonies per pint bottle	Satisfactory
Over 600 and less than 2,000	Fairly Satisfactory
Over 2,000	Unsatisfactory.

Water Supplies

Reasonably good progress has been made with the provision of rural water supplies. There are signs that the Tenbury scheme will be revived. The largest scheme proceeding at the present time is the first stage of Martley Rural District Council's regional scheme to be supplied from the Astley boreholes.

Evesham Rural District's northern parishes scheme is making good progress but at least two schemes in Upton upon Severn Rural District do not appear likely to be started for some months.

Restriction of Capital Expenditure

In February 1956 the Minister of Housing and Local Government in a circular called attention to the measures required to meet the economic situation. In respect of services other than housing, school buildings, and a few major road works, loan sanction would be severely restricted for at least six months during which it was to be assumed that there would be a virtual embargo on all new capital projects or extensions of existing schemes which could be deferred without risk to health or safety or other vital interests.

Re-Grouping of Water Undertakings

In September the Minister of Housing and Local Government issued his long awaited circular on the re-grouping of water undertakings. It seems clear from the Circular that the Minister is determined to press for re-groupings and that he expected County Councils to help to secure agreement locally. For this purpose a conference was convened by the County Council and at the end of the year the undertakers were having informal meetings. It is evident that difficulty will be experienced in persuading certain water undertakers to accept a loss of autonomy and join with other undertakers or joint boards.

Water Conservation Areas

A considerable part of the northern part of the County is subject to a Water Conservation Order, made under the Water Act of 1945, which briefly makes it necessary for permission to be obtained before a new well can be sunk or increased supplies of water obtained from an existing well except for domestic purposes.

The County Council have a right under the Act to authorise officers to enter premises to see whether the provisions of the Order are being complied with, but hitherto the Council's officers have only heard by chance when the Minister has issued a licence in a particular case and they have known nothing of any conditions attached to it. The Minister, however, has now agreed to inform the authority concerned with enforcement of the issue and terms of all future licences and he has supplied a list of the licences granted in the past.

Sewage Disposal

Several urban authorities are faced with the serious problem of overloaded sewage disposal works. One has only to realize the large number of new houses that have been built to appreciate the increase in the population which has taken place, but few sewage disposal works have been extended to keep pace with the increased flows. If the extra volumes of sewage had been due entirely to domestic sewage the overloading might have been tolerably well dealt with but liquid trade waste from manufacturing processes, frequently of very complex substances not amenable to the normal sewage purification processes, adds to the difficulties.

Water and Sewerage Schemes

During the year the following schemes, amounting to £167,480 were considered by the Public Health Sub-Committee under the Rural Water Supplies and Sewerage Acts.

Under these Acts grants are given to a local authority for [a] providing a supply, or improving an existing supply, of water in a rural locality and [b] making adequate provision for the sewerage or the disposal of the sewage, of a rural locality. There is a provision in the Acts which says that a grant for sewerage shall only be paid if the Minister is satisfied that the need for sewerage is because of having provided or increased the supply of piped water.

There seems to be evidence that there has been a considerable hardening in the interpretation of this condition by the Minister and several sewerage schemes recently considered and supported by the County Council have been declared ineligible for grant. The matter is now being taken up with the Ministry through local authority organisations.

<u>District</u>	<u>Nature of Scheme</u>	<u>Estimated Cost</u> £	<u>Remarks</u>
Droitwich B.	Extensions to sewage disposal works. Three alternative schemes	73,000	Referred to special Sub-Committee and ultimately supported.
Bromsgrove R.D.	Extension of water main in Madeley Heath	2,480	Observations given in support.
"	Extension of water main in Wythall	1,800	"
"	Extension of water main in Banks Green area of Bentley Paucefoot	1,250	"
"	Extension of water main in Stoke Prior	1,396	"
Droitwich R.D.	Water supply to Hartlebury	3,711	"
Evesham R.D.	Water main extension at Church Honeybourne	1,200	"
"	Water main extension at Hinton on the Green	950	"
Kidderminster R.D.	Water main extension at Plough Lane, Rock	1,098	"
Martley R.D.	Sewage scheme for Astley	26, 580	"
Pershore R.D.	Sewage scheme for Little Comberton	19,500	"
"	Sewage scheme for Lower Moor	27,500	"
Upton upon Severn R.D.	Extension of water main to High Green	2,815	"
"	Extension of water mains to Baughton, The Rhydd, and Hanley Castle	4,200	Council did not seek financial assistance under Act.

Inquiries

The following informal investigations into two sewage schemes were held during the year by Engineering Inspectors of the Ministry of Housing and Local Government.

<u>District</u>	<u>Details</u>	<u>Estimated cost</u> £	<u>Remarks</u>
Evesham R.	Sewage scheme for Broadway and Childswickham	95,820	Scheme approved with slight reduction at disposal works.
Pershore R.	Sewage scheme for Cropthorne	29,165	Modified scheme approved.

Provision of Public Conveniences

On more than one occasion my attention has been called to what has become a public health and social problem caused by the absence of sanitary accommodation at many spots in the County, mainly near the River Severn Valley, where large numbers of people congregate at the week ends and holiday periods.

One letter of complaint spoke of 500 people where a charge of 2/6d was made for parking a car and where it was stated there was no sanitary accommodation at all. A second letter referred to the local householders locking up and leaving their homes because of the continuous requests by the visitors for the use of the lavatories.

The County Council promised financial assistance to two local authorities who are trying to provide facilities to overcome this new public health nuisance and danger.

The Food Hygiene Regulations 1955

These Regulations came into general operation on January 1st, with certain sections operating from the following 1st July. The Regulations lay down requirements in respect of (i) the cleanliness of food premises and stalls etc. and of apparatus and equipment, (ii) the hygienic handling of food, (iii) the cleanliness of persons engaged in the handling of food, and of their clothing, and the action to be taken where they suffer from, or are carriers of, certain infections, (iv) the construction of food premises, the repair and maintenance of food premises, stalls, vehicles, etc. and the facilities to be provided, and (v) the temperature at which certain foods that are particularly liable to transmit disease are to be kept in food premises.

These Regulations apply to all forms of catering establishments but in particular in the County to school meals premises, childrens' and old peoples homes, police and fire station canteens, etc. Whilst the local authority is the enforcing authority it will readily be seen how much they involve County Council premises and services.

Caravan Sites

According to the national press over 20,000 caravans are being manufactured every year in this country and it is estimated that at least half will be used as permanent homes.

It was hoped that the problem would tend to get less and less as the housing position improved but in fact it would appear that the very opposite has happened. The Minister has been having discussions with the local authority associations and with caravan organisations with the view to future policy on caravan sites and I am sure the problem of sites permanently occupied will receive special consideration.

Many local authorities in the county and the County Council have devoted time and money to the development and licencing of "approved sites" which conform to local bye-laws and satisfy the sanitary provisions demanded.

MENTAL HEALTH SERVICE (Section 51)

1. ADMINISTRATION

Mental Health Sub-Committee

The County Council's powers in relation to mental health have been delegated to the mental health sub-committee which is constituted as stated in my previous reports. The medical superintendents of the mental hospitals and the mental deficiency institution in the county attend the meetings of the Sub-Committee in an advisory capacity.

Staff

The staff has remained unchanged and consists of an administrative mental health officer, five duly authorised officers, three assistant duly authorised officers, two psychiatric social workers and one mental health worker.

Co-Ordination with Regional Hospital Boards, Etc.

Close co-operation is maintained with the Birmingham Regional Hospital Board and the Board's officers are available for consultation whenever required. Cases on licence from institutions are supervised by the Council's officers on behalf of Hospital Management Committees and periodic reports on their progress are made. In addition the services of the two psychiatric social workers and the mental health worker have been made available for use by the mental hospitals in the County.

Voluntary Associations

There are no voluntary associations in the county particularly dealing with mental health but use is made of the service of the Guardianship Society at Brighton for the supervision of cases under guardianship at Eastbourne.

Several branches of the National Association of Parents of Backward Children are in existence in the county and do much to foster interest in the education of such children.

Voluntary Welfare Committees have been established in connection with the Occupation Centres at Halesowen, Stourport on Severn and Bromsgrove.

Staff Training

Every opportunity is taken to allow officers to attend refresher courses that are available. With regard to occupation centre staff, one member has been granted a year's leave of absence to attend the course run by the National Association for Mental Health in London, in order to allow her to qualify for her diploma. Two other members of the staff are attending a two year course at Birmingham in order to qualify for their diplomas.

2. COMMUNITY WORK

Prevention, Care and After-Care

Mental defectives in the community (supervision, guardianship and licence) continue to be visited by the mental health worker, the duly authorised officers and health visitors.

After-care in connection with mental health is carried out by the psychiatric social workers and the female mental health worker and duly authorised officers to a limited extent.

Lunacy, and Mental Treatment Acts, 1890-1930

In 1956 there were 672 admissions to mental hospitals within the county, 124 being certified under the Lunacy Act, 547 being admitted as voluntary patients and 1 patient being admitted as a temporary patient, under the Mental Treatment Act, 1930. Discharges numbered 600 whilst 78 deaths occurred at the hospitals.

The number of admissions to mental hospitals is again greater than in the preceding year (625), showing an increase in the number of voluntary patients and a decrease in the number of certified patients admitted. Increased use of Section 20 of Lunacy Act, 1890 was made, thereby avoiding certification whenever possible.

Mental Deficiency Acts, 1913-38

Ascertainment of mental defectives continued through the usual channels. 81 new cases were reported during the year, of whom 71 were subject to be dealt with. Of the latter, 56 were reported under the provisions of the Education Act, 1944, and 15 through other sources. Of the newly ascertained cases 3 were admitted to hospitals under Order, and 68 cases were placed under statutory supervision. 9 cases were placed under voluntary supervision. In addition 18 "old" cases were admitted to hospitals, making a total for the year of 21 admissions to hospitals. At the end of the year 502 Worcestershire patients were patients of hospitals throughout the country. Patients on the waiting list for admission at the end of the year numbered 65, 26 of these being regarded as in urgent need of admission.

19 patients were discharged from Orders under the Mental Deficiency Acts and 6 deaths took place during the year.

Despite the number of admissions during the year the waiting list remains static.

The informal admission of patients to hospitals for temporary periods continues to take place and 12 patients were admitted for varying periods during the year.

Guardianship and Supervision

The number of patients under guardianship at the end of the year was 7. 3 of the cases are resident outside the county and are supervised by other authorities as agents of the County Council. One out-county case is resident in the county. All resident cases are visited by both medical and lay staff as required by statute or more often if the need arises. The number of patients under supervision at the end of the year was 723, of whom 540 were under statutory supervision and 183 under voluntary supervision. Cases under supervision continue to be reviewed and whenever possible suitable cases are removed from the list. 8 such cases were deleted during the year. 8 patients under supervision died during the year.

The number of patients on licence in the community from hospitals continues to grow, more particularly female patients. There were 30 patients on licence at the end of the year.

Training

At the end of the year 127 patients were being given training at occupation centres established at Halesowen, Stourport on Severn and Bromsgrove.

Through the hard work of the Voluntary Welfare Committee established in connection with the Centre at Halesowen the children were again provided with a summer holiday.

Children at Stourport and Bromsgrove Centres were given daily outings by the respective Voluntary Welfare Committees.

Attendances at the three centres continue to increase, particularly at Halesowen.

Harvest Thanksgiving and Xmas Parties were held at all the centres.

NATIONAL ASSISTANCE ACT, 1948

Welfare Services

Report by the County Welfare Officer (Mr. R.A. McDonald).

Residential Accommodation

Steps continued to be taken this year as in previous years to improve the amenities at the County Council's homes for old people and also at the accommodation reserved for the use of the Council at Regional Hospital Board establishments. In addition to redecorative and ordinary maintenance work, provision of new furniture additional kitchen equipment etc. the following major items of work were either started, completed or approved during the year:-

Heathlands, Pershore (106 beds)

Replanning of centre wing including modernisation of kitchen. When completed there will be more dayroom accommodation and an additional 17 beds on the ground floor.

Replacement of old steam boiler by oil-fired one.

Laburnum House, Upton upon Severn (152 beds)

Provision of adequate dayroom accommodation for male residents by means of covered ways, improved bath and lavatory accommodation and provision of an additional 5 ground floor beds.

Extension of scheme mentioned above by providing covered ways for old ladies, improved kitchen and store accommodation, new scullery etc.

Passenger lift installed in Female Infirm Wing.

The building of a new home in the north of the County was also approved in principle.

During the year a tour of inspection of the county homes and the accommodation reserved for the use of the County Council in Regional Hospital Board establishments was made by members of the Health Committee and Welfare Sub-Committee.

Applications for the Provision of Residential Accommodation

I attach to this report a statement for the period of twelve months ended the 31st December, 1956, giving the numbers and age groups of [1] persons admitted to accommodation provided by the County Council under Part III of the National Assistance Act, 1948 and [2] persons not admitted and the reasons therefor, and also an analysis for each county district.

The total number of applications dealt with during the year was 828 as compared with 802 during the previous period of twelve months indicated. The actual number admitted was 482 as compared with 423 in 1954/55. During the first twelve months of the operation of the National Assistance Act, 1948/49, the number admitted was 375.

346 persons were not admitted to residential accommodation; 205 applications were refused or withdrawn for various reasons and in the remaining 141 cases assistance was rendered for them to be cared for or to find accommodation as an alternative to entering the Council's accommodation, or they were admitted direct to hospital. The efforts made by my staff in arranging for the various domiciliary services, voluntary and statutory, to be made available whereby the applicants were enabled to continue to live in their own homes accounted for a good proportion of the 205 persons mentioned above.

It should be emphasised that no person needing more care and attention than he or she could get in their own homes is refused admission to a county home if considered by their doctor to be suitably qualified to enter a home.

Increasing use continued to be made of the facilities provided for old people to be accommodated for short periods whilst their relatives or friends who ordinarily looked after them were away on holiday or ill, 28 such cases (category 4) being dealt with as compared with 23 in the previous period.

There was an increase in the number of homeless persons provided with accommodation either permanent or temporary (categories 5 and 6). The figures for 1956 would have been greater, but for the efforts made by the welfare staff, in addition in some cases to the persons' own efforts, in assisting them to find alternative accommodation. Also, as in the previous year, my staff interviewed families occupying accommodation provided by district councils and who were in danger of eviction through non-payment of rent, as a result of which considerable improvement was effected in payment of rent arrears.

The remainder of the statement calls for little comment except to mention that as will be noted from [c] increasing use was made of the home help service 19 persons being able to remain in their own homes as compared with 13 in the previous period.

Old People's Clubs

Five new Darby and Joan clubs were opened by the W.V.S. during the year, making a total of 48 run by that organisation. In addition there are three clubs run by the British Red Cross Society and one run by a local voluntary Committee.

The W.V.S. encourage their clubs to be self-supporting if possible and where necessary the County Council have continued to make grants towards the up-keep of the clubs, and have also made grants to three 'Sons of Rest' clubs at Halesowen and one 'Sons of Rest' club at Lye and Wollescote.

Admission of Chronic Sick Patients to Hospitals

During the year the home and social conditions of 283 persons, who had been recommended by their doctors for treatment in chronic sick hospitals, were reported upon to the hospital management committees concerned to assist those committees in assessing priority of admission. The total number dealt with from December, 1948 to the end of 1956 in accordance with the arrangements agreed at the request of the Regional Hospital Board was 3,092.

Outings for and Entertainments of Residents

During the year arrangements were made as usual for the residents to have outings to the seaside or elsewhere at the cost of the County Council, in addition to outings which took place from time to time the cost of which was paid for out of the residents' Comfort Funds.

As in previous years, the residents of one home saved up for a week's holiday at the seaside, the resort chosen being Weston-super-Mare as last year where they paid specially reduced out of season rates at an hotel.

Film shows provided at the homes from time to time continued to be popular and private persons and organisations provided varying types of entertainment for the old people.

Registration and Inspection of Disabled and Old Persons' Homes

During the year one certificate of registration was surrendered by the proprietor on ceasing to use her premises as a home for old people. Three new homes were registered under Section 37 of the National Assistance Act, 1948, and at the 31st December, 1956, there were 12 homes registered under the Act.

Visits of inspection continued to be carried out during the year and where necessary the attention of the proprietors was drawn to any matters concerning the greater comfort and safety of the residents.

Special Houses for Old People - Warden's Services

I gave details in my report for the year 1954 of the scheme put forward for consideration by district councils in the county under which housing authorities when providing houses or bungalows in the usual way for old people, would include an extra house or flat for a warden whose duty it would be to exercise unobtrusive supervision over the residents in the old people's houses. The County Council on their part would make agreed contributions to cover any expenditure additional to the district council's normal housing expenditure e.g. salary of warden, payment for his accommodation, cost of installing warning bell system, telephones etc.

At the end of 1956 schemes of this nature were in being in Bewdley, Oldbury and Stourbridge boroughs, and in Malvern and Stourport on Severn Urban districts. Preliminary discussions took place with the councils of other districts who were interested in the scheme.

The County Council also have authority to assist almshouse trusts in similar schemes and the principle of extending to almshouses the making of grants for the salary and rent of a warden, installation of bell systems etc. has been approved, each scheme to be considered on its merits. The Kyre Hospital Charity almshouses would benefit from this type of scheme and preliminary approval to the making of a grant towards the cost has been given, the amount of which has not yet been settled.

Welfare of the Blind

At the 31st December, 1956, there were 724 blind persons on the County Register as compared with 683 at the end of 1955. The total of 724 was made up of 331 males and 393 females. The number over 40 years of age was 634 and the number under 16 years of age was 27 including 4 under 5 years of age.

There were 74 blind persons employed in various occupations and of these 21 were in sheltered workshops for the blind and 21 in the homeworkers scheme. The remaining 32 were employed in open industry.

The number of new registrations during the year was 108; the names of 67 persons were deleted from the register because of deaths, and transfers to other areas, making a net increase of 41 registered blind persons. The gradual increase since 1949 as mentioned in previous reports has therefore been maintained.

With regard to partially sighted persons, there were 69 persons registered under this category at the 31st December, 1956, comprising 20 men, 30 women, and 19 children under the age of 16 years, as compared with a total of 65 at the 31st December, 1955.

In view of the increased number of blind persons to be dealt with it was felt necessary to suggest that at least one additional home teacher should be appointed. The Welfare Sub-Committee adopted this suggestion to the extent of recommending the appointment of one additional full-time officer.

On the social side, the Worcestershire Association for the Blind and its branch committees, together with the Stourbridge Institution for the Blind, have done much good work and are to be congratulated on the keen interest shown in furthering the interests of blind persons.

Registration of Blind Persons

Incidence of Blindness

During 1956, 136 Forms B.D.8 were completed by consultant ophthalmologists for registration purposes. Of the persons examined 106 were certified blind, 14 partially-sighted and 16 not eligible for inclusion on either Register. Two children were registered as blind persons, certificates having been obtained through the school medical service. In 8 cases it was re-examination, the results being 1 blind person was certified partially-sighted, 5 partially-sighted persons were certified blind and one-partially-sighted person with improved sight was de-certified. Domiciliary visits were made in 37 cases.

A. Follow-up of Registered Blind and Partially-Sighted Persons

(i) Number of cases registered during 1956 in respect of which Section F of Forms B.D.8 recommends.			Cause of Disability					
			Cataract		Glaucoma		Retrolental Fibroplasia	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
(a) No treatment	9	-	8	-	1	-	38	7
(b) Surgical	17	2	1	-	-	-	-	-
Medical	2	-	6	1	-	-	19	1
Optical	1	-	-	-	-	-	2	2
Medical & Optical	1	-	-	1	-	-	3	-
(ii) Number of cases at (i)(b) above which on follow up action have received treatment.	9	1	6	2	-	-	23	3

Some elderly persons refused operative treatment for cataract, others are unable to have such treatment until their general health has improved.

Deaf and other Handicapped Persons

The interests, socially and industrially, of deaf and hard of hearing persons in the county continued to be looked after by the Worcestershire and Herefordshire Association for Work Amongst the Deaf during 1956.

At the 31st December, 1956, there were 159 deaf and 843 hard of hearing persons on the register.

In addition to lip reading classes at Bromsgrove, Evesham, Kidderminster and Stourbridge, as well as those at Dudley and Worcester, a fortnightly class was started at The Howsells, Malvern Link, one of the County Council's homes for old people.

Outings, parties and entertainments and holidays at the seaside were arranged by the Association during the year and, apart from Bromsgrove where the club had to be discontinued because of poor attendance, the social clubs held following lip reading classes were generally well supported.

The home administered by the Association at Malvern was again fully occupied during the year.

The Welfare Sub-Committee decided to recommend that the annual grant made to the Association for the work done by them on behalf of the County Council be increased from £850 to £1,000.

With regard to handicapped persons other than the blind, partially sighted, deaf and hard of hearing, there were 344 such persons on the County Register at the 31st December 1956 comprising 181 males and 163 females, compared with 248 (122 males and 126 females) at the 31st December, 1955. These were assisted as required according to their individual needs on lines similar to those mentioned in my previous report.

Co-operation is received from voluntary associations in providing handicraft work at home for handicapped persons, but it was deemed necessary towards the end of the year to appoint a part-time craft instructress to cover cases in the north of the county. Although the appointment was made for six months only in the first instance there is every indication that the continued employment of this instructress, who is herself a handicapped person, would be justified.

The development of social clubs was such that there were two clubs run by the Women's Voluntary Service and two by the British Red Cross Society at the end of the year, and they are to be congratulated on their work in this sphere. Developments of this nature can only be slow because of the difficulty of arranging transport for severely handicapped persons to centres from the rural areas.

Once again the W.V.S. very kindly arranged for a party of handicapped persons from Worcestershire to spend a week's holiday at Woodlarks Camp for Disabled Persons, Farnham, Surrey, which they much enjoyed. Some of the party went to the camp in 1955 and had looked forward to this further visit.

The work done for handicapped persons by the Midland Spastic Association, the Women's Voluntary Service, The British Red Cross Society and the Kidderminster and Stourbridge Branch of the Infantile Paralysis Fellowship is very much appreciated.

Hungarian Refugees

In mid-December the British Council for Aid to Refugees asked the County Council to prepare an Ex-R.A.F. Camp at Comberton, Pershore, as a hostel for 400 refugees which, of course, involved the staffing, equipping and provisioning of the hostel. Notwithstanding the very short notice, with valuable assistance rendered by several voluntary organisations and by members of my staff who gave freely of their own time, the hostel was ready for occupation by the end of the year. The first party of 101 refugees, consisting mainly of families were received on the 3rd January, 1957.

Civil Defence - Welfare Section

Administration

During the year I was asked to take over the responsibility for the organisation and administration of the Emergency Feeding Service from the Director of Education.

Brief notes on various aspects of this work and other Civil Defence work for which I am responsible are given below.

Personnel

At the end of 1955 there were 928 enrolled members and 307 auxiliary members a total of 1,235. The figures at the end of 1956 were 1,018 enrolled members and 307 auxiliary members, a total of 1,325.

Recruiting Campaign

Recruiting activities continued throughout the year with increased efforts during the Autumn Recruiting Campaign and 'Civil Defence Week'. These activities consisted of displays of equipment and of model rest centres, demonstrations of rest centre work and emergency feeding, including improvisation of ovens etc.

The W.V.S. once again rendered valuable assistance and staffs of the county departments concerned co-operated as and when required.

Exercises

Full scale tactical table demonstrations were held at Kidderminster, Redditch and Stourbridge to test the plans of the various emergency services, including those for which I am responsible, having regard to the probable effects of nuclear explosions.

Training of Instructors

Mr. T.E. Radburn, a member of my staff employed on civil defence duties, attended a course at the Civil Defence School, Easingwold, and qualified as a centrally trained instructor, being granted a full certificate in 'Emergency Feeding'.

Training of Volunteers

With an increased number of instructors available it was possible to extend the number of training courses in different parts of the county.

During the year 6 full and 3 revision courses in care of the homeless were completed and 2 home nursing courses were completed. At the end of the year courses were in progress as follows:- emergency feeding 5, care of the homeless 4, evacuation reception and billeting 1, first aid 3.

Earmarking of premises

Considerable progress was made during the year in surveying buildings earmarked for rest centre purposes.

Emergency Feeding

The organisation of this service is proceeding and courses of instruction in this subject have been arranged as previously mentioned.

In connection with a full scale exercise arranged by a neighbouring authority about 40 members of that authority's civil defence corps were billeted in Ombersley and provided with meals by members of the Worcestershire emergency feeding teams. This, of course, gave the Worcestershire personnel some practical refresher training. The W.V.S. in this exercise, as well as in other activities, rendered most valuable assistance.

In order that canteens of industrial firms might function independently of the emergency feeding service of the Civil Defence Corps during an emergency, a number of firms in Oldbury were approached with a view to training in emergency feeding techniques being given to their canteen staffs. The firms readily co-operated and the course of training proved very successful.

In conclusion, I would like to thank Mr. H. Parkes, Chairman of the Health Committee, Mr. J. G. Parker, Chairman and members of the Welfare Sub-Committee and the Chairman and members of the Visiting Committees of the several county homes for old people for the help they have readily given at all times in the interests of the Service.

I also take this opportunity of expressing my appreciation of the support I have received from my head office and district staff, home teachers of the blind and Wardens, Matrons and other staff at the Council's welfare accommodation.

APPENDIX

APPLICATIONS FOR PROVISION OF RESIDENTIAL ACCOMMODATION DURING PERIOD 1/1/1956 to 31/12/1956 INCLUSIVE

PERSONS ADMITTED	AGE GROUPS										TOTAL
	0 - 15	16 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 - 99	
1. Aged and infirm living alone who in the opinion of their doctor were in need of more care and attention than was or could be made available to them in their own homes.						5 (7)	32 (34)	92 (82)	63 (77)	4 (6)	196 (206)
2. Aged and/or infirm living with friends or relatives who for one reason or another were unable to continue looking after them.						1 (1)	14 (11)	63 (47)	52 (37)	6 (3)	136 (99)
3. Physically or mentally handicapped persons who for one reason or another were unable to remain with relatives or friends with whom they ordinarily resided.			1	(2)	3 (1)	7 (8)	6 (3)	8 (8)	3 (1)		28 (23)
4. Aged, infirm, physically or mentally handicapped who because of illness or holiday of friends or relatives with whom they ordinarily resided were provided with temporary accommodation (Short stay cases).			1		1	1	5	2 (13)	15 (10)	3	28 (23)
5. Homeless persons in need of care, e.g. expectant mothers (married & unmarried) and mothers with children and persons of no fixed abode.	25 (15)		4 (2)	5 (8)	3 (5)	9 (1)	4 (1)	4 (2)	-	-	54 (34)
6. Persons who in consequence of eviction from their home or as a result of fire or flood were provided with temporary accommodation, the local housing authority being unable to meet their needs.	30 (23)	(3)	3 (3)	4 (4)	1 (1)	(1)	1 (1)		1 (2)		40 (38)
TOTALS -	55 (38)	(3)	9 (5)	9 (14)	8 (7)	23 (18)	62 (50)	169 (152)	134 (127)	13 (9)	482 (423)

185 (142) of the above cases were admitted to residential accommodation direct from Regional Hospital Board establishments after every avenue had been explored with a view to the persons concerned being re-established in their normal family life.

PERSONS NOT ADMITTED	AGE GROUPS										TOTAL
	0 - 15	16 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 - 99	
[a] Relatives or friends persuaded to care for them.	9 (7)	(1)	6 (1)	1 (3)	(2)	1 (2)	2 (4)	8 (20)	7 (12)	(2)	34 (54)
[b] Assisted in finding alternative accommodation.	7 (18)	1	6 (7)	4 (5)	(4)		3 (5)	2 (10)	10 (9)	(1)	33 (59)
[c] Arrangements made for assistance to be provided through the Home Help Service.						1	1 (1)	9 (8)	7 (4)	1	19 (13)
[d] Applicants found to be too ill to be admitted to residential accommodation and arrangements made for their admission direct to hospital.			(1)	1	2 (1)	4 (2)	6 (9)	23 (16)	19 (11)	(2)	55 (42)
[e] Application refused or withdrawn for various reasons.	37 (53)	2	14 (13)	16 (18)	13 (6)	14 (8)	22 (23)	44 (54)	39 (36)	4	205 (211)
TOTALS -	53 (78)	3 (1)	26 (22)	22 (26)	15 (13)	20 (12)	34 (42)	86 (108)	82 (72)	5 (5)	346 (379)

NOTE: Figures in brackets are for the year 5,7.54., to 4,7.55., and are shown for comparison.

ANALYSIS BY DISTRICTS FOR PERIOD 1.1.1956 TO 31.12.1956. INCLUSIVE OF:-

[1] TOTAL NUMBER OF APPLICATIONS

[2] PERSONS ADMITTED

[3] PERSONS NOT ADMITTED

DISTRICT	APPLICATIONS			PERSONS ADMITTED			PERSONS NOT ADMITTED		
	[a]	[b]	TOTAL	[a]	[b]	TOTAL	[a]	[b]	TOTAL
Bewdley Borough	8	-	8	3	-	3	5	-	5
Bromsgrove Urban	17	4	21	14	-	14	3	4	7
" Rural	41	7	48	27	-	27	14	7	21
Droitwich Borough	15	4	19	8	2	10	7	2	9
" Rural	26	9	35	21	4	25	5	5	10
Evesham Borough	28	6	34	18	-	18	10	6	16
" Rural	32	8	40	26	3	29	6	5	11
Halesowen Borough	32	-	32	16	-	16	16	-	16
Kidderminster Borough	77	59	136	56	35	91	21	24	45
" Rural	18	-	18	7	-	7	11	-	11
Malvern Urban	75	11	86	36	3	39	39	8	47
Martley Rural	23	8	31	13	5	18	10	3	13
Oldbury Borough	44	19	63	30	19	49	14	-	14
Pershore Rural	30	3	33	20	-	20	10	3	13
Redditch Urban	20	24	44	16	1	17	4	23	27
Stourbridge Borough	37	3	40	18	-	18	19	3	22
Stourport Urban	5	6	11	1	-	1	4	6	10
Tenbury Rural	9	-	9	6	-	6	3	-	3
Upton Rural	66	-	66	41	-	41	25	-	25
District not in County	17	3	20	9	-	9	8	3	11
No fixed Abode	30	4	34	24	-	24	6	4	10
TOTALS -	650	178	828	410	72	482	240	106	346

[a] Aged and/or infirm persons.

[b] Homeless people, including evicted families and flood victims.

Occupational Therapy

Mrs. J. Matthews resigned on the 2nd March 1956, and Miss J. Stott, who was appointed in her place, commenced her duties on the 4th June 1956.

The number of patients on the register varied throughout the year from 95 to 108, and 1,949 visits were recorded.

The value of stock remained at approximately £300 and the turnover was £334.

Several successful sales were held during the year throughout the county.

Physiotherapy and Orthopaedics

The following reports have been supplied by Miss Jeavons and Mrs. Johnson:-

"At the end of my first year's service with the Worcestershire County Council, I should like to say how much I have appreciated the help and co-operation I have had from the health visitors in connection with the child welfare clinics.

My predecessor, Miss Woods had already established a monthly clinic at Evesham where toddlers and local school children, referred by the County Medical Officer, could be seen with their parents. I have extended this to monthly clinics at Pershore and Malvern Welfare Centres. At these clinics I can advise on footwear, and the treatment of minor orthopaedic conditions, including the teaching of suitable exercises.

During the past twelve months, 32 cases of infants with congenital talipes have been treated. These cases have all been under the supervision of the orthopaedic surgeons at the Worcester Royal Infirmary. These cases are divided into 24 Talipes Calcaneo Valgus; 6 Metatarsus Varus and 2 cases of Talipes Equino Varus. In all cases these children have been treated within a few days of birth.

I should like to endorse Mrs. Johnson's remarks in her last report in connection with teenage shoes. In the case of girls they are generally speaking most unsuitable for growing feet being of the casual slip-on-type. It is very difficult to get children of this age-group to wear lace-up shoes.

I have started an asthma class at the Open-Air School, Malvern, which I attend fortnightly. An approximate total of 271 children from the south of the county have attended the Royal Infirmary with varying orthopaedic conditions. Relaxation classes for mothers to be at Malvern have been fairly well attended with an average of 14 patients weekly. "

D. B. JEAVONS, M.C.S.P., O.N.C.

" During the past year, I have as previously, worked in close co-operation with the Health Visitors and Teaching Staffs, which has enabled me to detect early minor defects and advise parents in regard to treatment.

Many children are wearing shoes which are too small for them. I feel it should be more widely known that there are no set standards of sizes for children's footwear, and therefore shoes supposedly of the same size but made by different manufacturers are often very different.

The vogue of "Casual and Slip-On" type shoes continues. They are being worn by many teenage girls and are likely to cause defects, and if worn continuously they tend to cramp the feet, and do not allow room for growth.

It is interesting to note however, that there are three children with a Spina Bifida deformity and other complications associated with this condition, who are attending normal school and managing very well.

I have continued the After Care of children who have required a period of hospital treatment.

A total of 351 school children and 152 infants have attended the Orthopaedic Clinics at Kidderminster General Hospital. These figures however, do not include fractures and minor injuries. "

Kathleen J. Johnson, S.R.N., O.N.C.,
M.W.L.

Child Guidance

The following has been supplied by Dr. J.J. Graham, the Medical Director of the Child Guidance Service in Worcestershire:-

" During the year 1956 the work of the Child Guidance Clinics has functioned much as usual. Electro-encephalography (more familiar to the general public as the recording of "brain waves"), which is a useful diagnostic aid in some psychiatric conditions of children, has become more conveniently available to patients in the southern half of the county by the courtesy of the medical superintendent of Powick Hospital; a department of electro-encephalography was set up at this hospital a year ago. Hitherto, the nearest hospital providing this service was at Birmingham.

The long waiting period between the time a child is referred and the time when it is possible for it to be seen has continued to distress us. However, the County Council has speedily responded to the recommendation of the "Report on the Care of Maladjusted Children" (Ministry of Education, 1955) and has budgeted for the financial year 1957-58 for premises for a new central clinic at Worcester, an additional educational psychologist and two psychiatric social workers, and greatly increased clerical assistance. It is hoped that the clinic premises and the clerical staff will be made available during 1957 and that thereby the waiting period will be appreciably shortened at the Worcester clinic and, possibly, at the other clinics, also.

Venereal Diseases

The following information has been supplied by the Hospitals at which the patients attended:-

Treatment Centre			Number of Worcestershire Cases			
			Syphilis	Gon.	Not V.D.	Total
WORCESTER	...	...	7	8	83	98
KIDDERMINSTER	..	...	2	1	38	41
BIRMINGHAM	...	...	4	20	78	102
DUDLEY	...	...	3	4	30	37
SHREWSBURY	...	...	-	-	1	1
TOTALS 1956 ...			16	33	230	279
	1955	...	16	31	191	238
	1954	...	34	29	247	310
	1953	...	46	61	285	392
	1952	...	53	78	271	402
	1951	...	54	44	259	357
	1950	...	42	52	279	373
	1949	...	68	98	311	477
	1948	...	105	111	350	566
	1947	...	104	142	450	696
	1946	...	126	226	592	944
	1945	...	88	140	675	903
	1944	...	93	70	555	718
	1943	...	114	129	661	899
	1942	...	94	135	517	746
	1941	...	58	99	304	462
	1940	...	55	126	241	422
	1939	...	33	83	237	353
	1938	...	48	138	187	373

Medical Comforts Depots

These depots have been established in many parts of the County by the St. John Ambulance Brigade and the British Red Cross Society. From them articles of equipment for use in the homes of patients are issued on the recommendation of doctors and nurses. No charge is made but a deposit is required which is refunded when the equipment is returned to the depot. This is an admirable service much appreciated by those needing it.

To maintain the stocks at the depots an annual grant is made to the two organisations by the County Council.

My thanks and those of the community are due to the personnel of the Brigade and the Society for all their voluntary work in keeping the depots open at times convenient to the people using them.

Miss Walton, the County Staff Officer, St. John Ambulance Brigade has supplied the following report on the Medical comforts depots for which the Brigade is responsible:-

" 1956 has been a somewhat unsatisfactory year as I was not able to supply the articles required by the Depots nor to visit them very frequently during the greater part of the year owing to shortage of money. Since we received the remainder of our grant recently these deficiencies are being made up.

Droitwich Depot The Depot continues to be run very efficiently by Mrs. Pearce of the Droitwich Nursing Division. The number of articles issued was 43, a slight decrease on 1955 owing to the fact that certain articles asked for were not available. This Depot is now asking for mackintosh sheets, air rings and Dunlopillo pillows and these are being supplied.

Dudley Depot This Depot is still being run by Sgt. Jewkes of Dudley Division. The number of articles issued was 50, an increase of 28 over 1955. Bed pans, back rests and air rings are urgently required, and are being supplied.

Guarlford Depot The Divisional Superintendent of Malvern Nursing Division Mrs. Newson continues to run this small Depot. The number of articles issued was the same as last year.

Halesowen Depot Members of the Halesowen Nursing Division, supervised by Miss M. Jones, continue to do a great work for the public. The new premises appear to be much more satisfactory, as is shown by the increase in the number of articles issued - 300 - being 82 more than in 1955. This Depot badly needs more shelving and cupboards, as well as a lot of additional equipment. When the essential needs of all Depots have been met I shall try to help them about their fittings.

Hanley Castle Depot A supply of Medical Comforts is still being supplied by the District Nurse and the wife of the Vicar.

Hill & Cakemore Depot This Depot is functioning very satisfactorily under Mr. Hingley, Superintendent of Messrs. T. W. Lench Ltd. Ambulance Division and members of the Division. The number of articles issued was 111, an increase of 36 over 1955. The Depot has recently had replacements of all articles required so is well stocked.

Kempsey Depot Miss Tanner continues to supply the small needs of Kempsey. She proposes notifying the small adjoining villages of this service and so hopes to increase the usefulness of the Depot. The number of articles issued was 6, a decrease of 6 over last year, due Miss Tanner states to most of the sick persons going to hospital.

Lye Depot This Depot functions satisfactorily under Divisional Superintendent Mr. Pardoe, assisted by Divisional Superintendent Mrs. Price. The number of articles issued was 23, a decrease of 8. Articles required are being supplied to this Depot.

Malvern Depot This Depot is causing me a good deal of anxiety as Dr. Clarke needs the room in which the articles are stored for her personal use. So far although I have made many enquiries I have not found a suitable home for the Depot. The number of articles issued was 151, a small decrease of 14. It will be seen from the number of articles issued that this is an active Depot which it is essential to keep in being.

Oldbury Depot Mrs. Bird continues to take a keen interest in the work and has issued 221 articles in 1956, a decrease of 79 from 1955. The Langley Ambulance Division which has always helped with duties at this Depot are now unable to undertake them, but some of the older Nursing Cadets are helping. The Depot is fairly well stocked except for Invalid Chairs.

Powick Depot Mrs. Hiscock continues to look after this Depot and has issued 18 articles during the year, and although the area covered is small Mrs. Hiscock finds the service is appreciated. Replacements are needed.

Redditch Depot This Depot, run by members of the W.V.S. under Area Superintendent Mrs. Hodges, is increasing in usefulness each year. The number of articles issued was 275, an increase of 95 over 1955. I should again like to place on record the indebtedness of the Brigade to the Redditch W.V.S. for the tremendous amount of work done by members. There is a constant demand for more articles, and I have endeavoured to supply all these as quickly as possible.

I have not received any report from the second depot run by the Ambulance Division, but I understand a number of articles are still issued by this Depot.

Stourbridge Depot Miss Layland continues to do useful work here, 99 articles were issued, an increase of 28 over 1955. A number of articles are required to bring this Depot up to the necessary standard and I am dealing with this.

Upton upon Severn Depot The number of articles issued was 29. This is a well stocked Depot, and seems to be used more recently.

Worcester Depot This Depot has not functioned during the past year but we now have a fairly certain prospect that it will be housed at the Brigade County Headquarters in the very near future, and so far as funds allow it will be comprehensively stocked.

The total number of articles issued by Depots was 1,332, an increase of 162 over 1955, which does show that we are being increasingly used. This total does not include a number of articles issued from County stores direct to the patient.

At present we are able to meet the needs of the Depots as we still have a balance in hand, but when we have supplied the articles asked for in their Annual Reports we shall have used this up. "

TUBERCULOSIS 1956

Mr. R. B. Mayfield, the Chief Tuberculosis Officer and Consultant Chest Physician has given the following:-

" Information concerning notifications and deaths from tuberculosis is given in Tables I, II and III. The most interesting feature is the notification rate for respiratory cases in 1956. This is the lowest yet recorded in the County, and is 27% below the average for the previous five years.

The death rate shows the usual annual reduction to which we have become accustomed since the advent of effective chemotherapy, and is now about one fifth of the rate of ten years ago.

The fall in the notification rate is unprecedented and there is no doubt that it indicates a decreased incidence of the disease in this particular year, since case-finding is at least as efficient as ever before and probably much more so. If this improvement is maintained in 1957, there will be real grounds for expecting the reduction of tuberculosis to insignificant proportions within the lifetime of most of us, provided that our efforts do not flag. This desirable end could be achieved much more quickly if the nation as a whole would accept and demand periodic and universal mass radiography, which is far from being the case at present. An annual record of forty five deaths in the County seems encouraging compared with well over two hundred a few years ago, but this number could speedily be reduced to single figures by the full use of modern radiology and modern treatment if the problem were faced realistically and with energy by the population as a whole.

Table IV shows the numbers of new contacts examined during the year. Though there is variation between districts, every area shows improvement on the previous year in the number of contacts examined per notified case.

There have been no major changes in the arrangements for prevention and welfare since last year, details of which have been omitted from this shortened report. "

TABLE I

Notification of Tuberculosis

Year	Respiratory		Non-Respiratory		All Forms	
	No. of cases	Rate per 1000 population	No. of cases	Rate per 1000 population	No. of Cases	Rate per 1000 population
1951	337	0.83	43	0.10	380	0.94
1952	272	0.67	46	0.11	318	0.78
1953	272	0.67	26	0.06	298	0.73
1954	327	0.80	47	0.11	374	0.91
1955	304	0.74	21	0.05	325	0.79
1956	227	0.54	37	0.09	264	0.63

TABLE II

Deaths from Tuberculosis

Year	Respiratory		Non-Respiratory		All Forms	
	No. of deaths	Rate per 1000 population	No. of deaths	Rate per 1000 population	No. of deaths	Rate per 1000 population
1951	97	0.24	18	0.04	115	0.28
1952	77	0.19	11	0.03	88	0.22
1953	72	0.18	10	0.02	82	0.20
1954	52	0.12	7	0.02	59	0.14
1955	48	0.12	6	0.01	54	0.13
1956	43	0.10	2	0.005	45	0.11

TABLE III

Notification and death rates in districts 1956

Popu- lation	District	Notif'n rate per 1000 population	Death rate per 1000 popu- lation	Total cases not- ified	Total deaths
4880	Bewdley Borough	0.41	-	2	-
29800	Bromsgrove Urban	0.44	0.13	13	4
6710	Droitwich Borough	1.19	-	8	-
12220	Evesham Borough	0.33	0.41	4	5
42490	Halesowen Borough	0.54	0.02	23	1
39000	Kidderminster Borough	0.86	0.05	34	2
24640	Malvern Urban	0.49	0.04	12	1
54840	Oldbury Borough	0.84	0.05	46	3
31390	Redditch Urban	0.70	0.25	22	8
38550	Stourbridge Borough	0.62	0.05	24	2
10880	Stourport Urban	1.59	0.28	17	3
31380	Bromsgrove Rural	0.38	0.19	12	6
13360	Droitwich Rural	0.45	0.08	6	1
16680	Evesham Rural	0.36	0.06	6	1
12060	Kidderminster Rural	0.41	0.25	5	3
11650	Martley Rural	0.77	0.08	9	1
17050	Pershore Rural	0.47	0.12	8	2
5310	Tenbury Rural	.19	0.19	1	1
14910	Upton upon Severn Rural	.80	0.07	12	1
417800	Whole County	.63	0.11	264	45

TABLE IV

New Contacts examined in the Chest Clinics

Chest Clinic	New Contacts examined	Numbers of contacts disgnosed tuberculous	Totals of cases notified tuberculous	Number of contacts examined per new notified case
Bromsgrove General	53	0	18	2.9
Corbett Hospital	198	2	49	4.0
Kidderminster Gen.	273	2	60	4.6
Langley	147	7	46	3.2
Smallwood Hospital	86	2	26	3.3
Worcester Royal In. [✱]	931	20	133 +	7.0
Whole County + Worcester City	1688	33	332 +	5.1

✱ Separate figures for County and City Contacts examined at the Worcester Royal Infirmary Chest Clinic are not available.

+ Includes Worcester as well as County notifications.

